



## POLICY AND ADMINISTRATIVE PROCEDURES

### Manual of Policies and Procedures

#### Title

## JUVENILE CLASSIFICATION AND COMPREHENSIVE CASE MANAGEMENT

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5(a)(5) IC 11-8-2-5(a)(8) IC 11-8-2-5(a)(12) IC 11-10-2-1 <i>et seq.</i> IC 11-10-3-2 IC 11-10-4-1 <i>et seq.</i> IC 31-37-19-6	01-04-104 03-02-101 03-02-102 03-03-102	ACA: JTS: 1A-06, 1A-21, 2C-02-1, 3A-13, 3A-14, 3E-01, 3E-02, 3E-03, 5A-01, 5A-02, 5A-03, 5A-04, 5B-01, 5B-02- 1, 5B-03, 5B-04, 5B-07, 5B-08, 5B- 09, 5C-01, 5C-12, 5D-05, 5I-01, 5I- 02, 5I-03, 5I-04, 5I-08, 5I-10 CO: 4A-01, 4B-01, 4B-02, 4B-03, 4B-04, 4B-05, 4B-06

#### I. PURPOSE:

The purpose of this policy and administrative procedures is to establish the development and delivery of comprehensive case management services for youth committed to the Department of Correction.

#### II. POLICY:

The Indiana Department of Correction (Department) is a component of the state's juvenile justice system. The purpose of the Department is to receive juveniles legally committed by Indiana courts and prepare these juveniles for re-entry into society equipped with the necessary skills to avoid further criminal behavior.

The Constitution of the State of Indiana provides the basis for the treatment of delinquent juveniles by dictating that the Penal Code be based on reformation rather than vindictive justice.

The classification process divides youth into subgroups with the goal of placing each juvenile in the least restrictive environment consistent with the needs of society and the juvenile. The **Comprehensive Case Management System** is then used to provide standardized and effective levels of intervention and a seamless continuum of services and programs that promote the development of healthy youth while providing appropriate levels of supervision that ensure public safety.

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The Comprehensive Case Management System begins with the process of estimating youths' likelihood to continue criminal behavior by identifying their level of risk to re-offend within the community. Classification decisions are then made based upon risk assessment and security levels necessary to ensure public safety. In addition, a needs assessment, along with a variety of additional individualized assessments, is used to identify criminogenic needs, level of responsivity, and individual problem areas which require intervention.

After youth have been classified and transferred to a treatment facility, individual plans are developed matching the youth's criminogenic needs to programs and services. Youth progress through their treatment programs through increasing their pro-social skills and abilities. As dynamic risk factors decrease and pro-social skills and abilities increase, youth receive increased levels of responsibility and independence.

While the majority of programming occurs during the youth's time at a facility, treatment gains must be maintained when the youth returns home. The Comprehensive Case Management System strengthens re-entry efforts between institutional staff, field staff, community service providers, the youth and his/her family.

The level of community services provided to youth once released from placement is based upon their estimated risk level to re-offend. Successful re-entry into society through the development of healthy, pro-social skills is combined with support services to reduce the potential for continued criminal activity.

Throughout the classification and Comprehensive Case Management process, data is gathered which is used to assist the Department in analyzing and evaluating its juvenile service system. The classification of juveniles facilitates short-term and long-range planning and program development, both in the juvenile system as a whole and at each facility or program location.

### **COMPREHENSIVE CASE MANAGEMENT SYSTEM FLOW CHART**

#### **COMMITMENT TO DEPARTMENT**

**INTAKE PHASE (2 Weeks)**



**GROWTH PHASE (Indeterminate or determinate)**

**Levels 1 - 4**



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### **RE-ENTRY PHASE**



### **COMMUNITY SUPERVISION PHASE**

**(Parole, CTP, Probation)**

### **III. DEFINITIONS:**

For the purpose of these administrative procedures, the following definitions are presented:

- A. **ADMINISTRATIVE REVIEW COMMITTEE (ARC):** A group of staff persons designated by the Facility Head who are the final approving authority and are responsible for youth progression to the Re-entry Phase and release from the facility. This committee is comprised of the Facility Head or designee, and three (3) administrative designees [one (1) representing educational services, one (1) representing therapeutic services, and one (1) representing custody).
- B. **CLASSIFICATION:** The process used by the Department to successfully place a youth and which assists in the decision-making process regarding the facility planning, program development, and facility management.
- C. **CLASSIFICATION COMMITTEE:** A group of staff persons designated by the Facility Head who are responsible for assigning youth facility/housing unit, program assignment, and security needs.
- D. **CRIMINOGENIC NEEDS:** Those static and dynamic risk factors closely associated to an individual's criminal behavior.
- E. **DETERMINATE SENTENCE:** Two sentencing options as prescribed by Indiana Code 31-37-19-9- and 31-37-19-10 which allow the committing judge to sentence a juvenile for a specific amount of time if the juvenile meets the criteria in the above mentioned codes.
- F. **DYNAMIC RISK FACTOR:** Those risk factors capable of change through intervention (e.g., substance abuse).
- G. **GROWTH PHASE:** The second phase of the Comprehensive Case Management System in which the Re-entry Accountability Plan is implemented and evaluated.

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- H. INSTITUTION PLACEMENT DECISION TREE: The instrument, based upon the Risk Assessment score, level of offense and the criteria of any Exceptional Programming Needs, used to determine the most appropriate and least restrictive placement of the youth in a Department facility.
- I. INTAKE ASSESSMENT REPORT (IAR): The report developed for the youth at the Intake Facility/Unit assessing psycho-social history, medical needs, educational needs, psychological/psychiatric needs, security needs, criminogenic needs, and potential intervention strategies.
- J. INTAKE PHASE: The initial phase of the Comprehensive Case Management system during which the Initial Risk and Needs Assessment Instruments and the Intake Assessment Reports are completed.
- K. NEEDS ASSESSMENT INSTRUMENT: The instrument used to identify and prioritize individual and family needs to be addressed during the youth's commitment to the Department.
- L. OVERRIDE: The administrative decision to place a youth outside the area indicated on the Institutional Placement Decision Tree based upon the safety and security of the department, the community, and the needs of the youth.
- M. PAROLE PHASE: The final phase of the Comprehensive Case Management System; this phase begins upon the youth's release from the facility.
- N. RE-COMMITMENT: The commitment to the Department of a youth who was previously committed to the Department.
- O. RE-ENTRY ACCOUNTABILITY PLAN (RAP): The individual plan developed for each youth that specifies how the needs, goals, and strategies identified in the Intake Assessment Report will be addressed during the Growth Phase.
- P. RE-ENTRY ACCOUNTABILITY PLAN SUMMARY (RAPS): A written report that is completed at the end of the Growth Phase summarizing a youth's progress throughout the Growth Phase.
- Q. RE-ENTRY PHASE: The third phase of the Comprehensive Case Management System during which the youth's treatment focus is on re-connecting with the community.

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- R. **RESPONSIVITY:** Consideration of how well youths will be able to respond to the programs and services offered based on the youth's learning style and the therapist's treatment style.
  - S. **RISK ASSESSMENT INSTRUMENT:** The objective and validated instrument used to determine a youth's potential for recidivism based upon both static and dynamic factors.
  - T. **RISK LEVEL:** The four (4) degrees of risk (very high, high, medium, low) determined by the Risk Assessment Instrument which indicate the Propensity for the youth to recidivate.
  - U. **RISK ASSESSMENT FOR PAROLE SUPERVISION:** The instrument utilized during the Parole Phase, which directs the level of supervision.
  - V. **STATIC RISK FACTOR:** Those risk factors that are not capable of change through intervention (e.g., number of prior offenses).
  - W. **TEMPORARY LEAVE:** A period of time during which a youth is allowed to leave the program or facility and go into the community for various purposes consistent with public interest and individual treatment needs.
  - X. **UNIT TEAM:** The group of staff persons assigned to a youth who will assist in the development and review of the Re-entry Accountability Plan for the youth.
- IV. **INTAKE UNIT: ADMISSION PROCEDURES:**
- A. **DESIGNATION OF INTAKE UNITS/FACILITIES:**
    - 1. The Commissioner shall designate facilities, to operate as Intake Units for youth committed to the Department. At this time, these facilities are located at:
      - a. The Logansport Juvenile Correctional Facility - Intake/Diagnostic Unit, which receives male delinquent youth; and,
      - b. The Indianapolis Juvenile Correctional Facility – Intake/Diagnostic Unit, which receives female delinquent youth.

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2. The Commissioner, or Designee, shall notify all counties and committing courts of those facilities so designated.

### **B. ADMISSION:**

1. The Intake Unit shall ensure that the commitment of any youth is within statutory limitations.
  - a. The Intake Unit/Facility shall receive a completed, signed, and certified DISPOSITIONAL ORDER. (See Appendix 7.) By completing the dispositional order the court awards wardship of the youth to the Department.
  - b. The Intake Unit shall ascertain that the youth on the date of the DISPOSITIONAL ORDER is at least twelve (12) years of age and less than eighteen (18) years of age.
  - c. The Intake Unit shall ascertain that the female youth is not known to be pregnant at the time of commitment.
  - d. The Intake Unit shall determine that the youth is subject to commitment to the Department.
2. Upon admission of a youth, the delivering governmental agency shall be provided with State Form 23605, OFFENDER TRANSPORT ORDER. (See Appendix 8.)
3. The facility shall process the youth's personal property in accordance with its operational procedures for Policy 02-01-101, "Offender Personal Property."
4. Upon admission to the Intake Unit, each youth shall be strip-searched, ectoparasite control procedure will be utilized, and the youth will be showered. Facility clothing and personal hygiene items shall be provided as necessary. A bed assignment will be created in the Juvenile Data System (JDS).
5. Each youth shall be assigned a departmental identification number. Youth previously committed to the Department shall retain their original identification number.

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6. The JUVENILE OFFENDER ARRIVAL AND IDENTIFICATION REPORT shall be generated through the Juvenile Data System (JDS). This report provides a summary of important data entered at various stages of the intake process.
7. Youths who can not read or understand English will have translator services made available.
8. The Intake Unit shall provide the youth with an Admission and Orientation Program to assist the youth in adjusting to the Department. Following is a list of the Admission and Orientation Program:
  - a. An explanation of the rules concerning parental contact and notification during the intake period;
  - b. Provision to the youth of a copy of the NOTICE TO JUVENILES COMMITTED TO A JUVENILE CORRECTIONAL FACILITY BY THE OFFICE OF PUBLIC DEFENDER OF INDIANA (See Appendix 10) and an explanation of the contents. The Intake Unit shall ensure the completion of the document (i.e., signatures and date and file a completed copy in the youth's facility packet);
  - c. An overview of the Comprehensive Case Management System and of the Classification Process.
  - d. Each youth shall receive specific orientation regarding the sexual assault reporting and personal safety.
  - e. Each youth shall receive instructions for accessing the youth telephone hotline for reporting allegations of abuse or staff misconduct.
  - f. Each youth shall receive information for contact the State Ombudsman.
  - g. Each youth shall receive instructions in the offender grievance procedures.
  - h. The YOUTH ORIENTATION CHECKLIST (See Appendix 11) shall be completed and signed by both the youth and staff to signify that orientation in all areas has been completed.
  - i. Completion of State Form 38426, ORIENTATION CONFIRMATION which is filed in the youth's packet. (See Appendix 9);

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- j. Youth shall be provided a copy of the Department's Juvenile Offender Handbook.
9. During the intake process, designated staff shall review the documentation accompanying the youth to determine whether there has been a request for notification by a victim/witness. If a request for notification is found, the staff person shall contact the facility Victim/Witness Coordinator and the youth's packet will be marked in accordance with the administrative procedures for Policy 00-03-201, "Victim/Witness Resource Services."
10. During the intake process, the designated staff shall review the documentation accompanying the youth. The purpose of this review is to determine whether there is a need for notification of the State of Indiana Sex Offender Registry. This need shall be based upon:
  - a. The Court's identification of the youth as a sex offender under IC 5-2-12-4(1); and,
  - b. The "Court has found by clear and convincing evidence that the child is likely to repeat an act that would be an offense under IC 5-2-12-4(1)."

If the need for such notification is found, the staff person shall contact the facility Sex Offender Registry Coordinator (should be the same staff person as the Victim/Witness Coordinator) and the youth's packet will be marked as necessary.

### **C. INSTITUTIONAL PACKET:**

1. The institutional packet shall be created and assembled within 48 hours of a youth's arrival at the intake facility. The order of the institutional packet shall be in compliance with the administrative procedures for Policy 01-04-104, "The Establishment, Maintenance and Disposition of Offender Records."
2. Youth that are newly committed to the Department shall have a new institutional packet created upon their admission.
3. Youth that have previously been committed to the Department shall retain their original facility packet. The original facility



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packet shall be requested from the Central Records Unit upon the youth's admission to the intake unit.

### **D. MEDICAL PACKET:**

1. The medical packet shall be created and assembled within 24 hours of a youth's arrival at the intake unit. The order of the medical packet shall be in compliance with the Department of Correction Health Records Manual.
2. Youth that are newly committed to the Department shall have a new medical packet created upon their admission.
3. Youth that have previously been committed to the Department will retain their original medical packet. The original medical packet shall be requested from the Central Records Unit upon the youth's admission to the intake unit.

### **E. INITIAL PLACEMENT LETTER TO FAMILY:**

The INITIAL PLACEMENT LETTER TO FAMILY (Appendix 12) shall be mailed to each youth's legal guardian within twenty-four (24) hours of his/her admission to the intake unit. This letter provides basic information about the youth's commitment to the Department and his/her stay at the intake facility. A copy of this letter shall also be sent to the judge of the youth's committing county and filed in the youth's institutional packet, Section IV.

## **V. INTAKE ASSESSMENTS:**

### **A. MENTAL HEALTH ASSESSMENT:**

Each youth committed to the Department's Juvenile Services Division shall receive a standardized juvenile mental health screening (Appendix 13). Mental health staff shall complete the Mental Health Screening within twenty-four (24) hours of admission using State Form 50207, JUVENILE MENTAL HEALTH SCREENING. The completed mental health screening shall be filed in the youth's medical packet, Section IV. A clinician or designated qualified mental health professionals shall administer and interpret results from the *MAYSI-2* screening instrument. Youth whose mental health screening indicates a need for further assessment shall be referred to a qualified mental health professional.

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### **B. NURSING ASSESSMENT:**

Qualified nursing staff shall conduct a nursing assessment the same day that the youth arrives at the intake unit. This nursing assessment shall be in compliance with the administrative procedures for Policy 01-02-101, "The Development and Delivery of Health Care Services

### **C. HEALTH ASSESSMENT**

A thorough Health Assessment shall be completed on each youth by a qualified health professional within seven (7) days of a youth's admission to the intake unit. This Health Assessment shall be filed in Section I of the medical packet and shall be in compliance with the administrative procedures for Policy 01-02-101, "The Development and Delivery of Health Care Services," and applicable Health Care Services Directives.

### **D. DENTAL ASSESSMENT:**

A dentist or qualified health professional approved by a dentist shall complete a thorough dental screening on each youth within seven (7) days of a youth's admission to the intake unit. This dental screening shall be filed in Section III of the medical packet and shall be in compliance with applicable Health Care Services Directives,

### **E. AUDITORY ASSESSMENT:**

Qualified Speech and Hearing staff shall conduct an auditory assessment within ten (10) days of admission. This assessment shall be filed in Section III of the medical packet and shall be in compliance with applicable Health Care Services Directives and the Indiana Department of Education's "Audiometric Screening-Guidelines and Laws."

### **F. VISUAL ASSESSMENT:**

Qualified medical staff shall conduct a visual assessment within ten (10) days of admission to the intake unit. This assessment shall be filed in Section III of the medical packet and shall be in compliance with applicable Health Care Services Directives.

### **G. PSYCHOLOGICAL ASSESSMENT:**

Qualified mental health staff shall conduct comprehensive psychological

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assessments on those youths referred within seven (7) days of referral. Psychological assessments shall be filed in Section IV of the medical packet and shall be in compliance with applicable Health Care Services Directives

### **H. PSYCHIATRIC ASSESSMENT**

Qualified medical staff shall conduct psychiatric assessments on those youths referred within seven (7) days of referral. All youth arriving at an Intake Unit with psychotropic medication(s) or who have been prescribed psychotropic medication in the past sixty (60) days shall be seen by the psychiatrist within seven (7) days of arrival. Psychiatric assessments shall be filed in Section IV of the medical packet and shall be in compliance with applicable Health Care Services Directives. Intake units shall develop operational procedures that ensure the above mentioned assessments are conducted in accordance with these administrative procedures and all applicable Health Care Services Directives.

### **I. ACADEMIC ACHIEVEMENT ASSESSMENT:**

1. All youths committed to the Department shall be administered an academic achievement assessment within fourteen (14) days of admission. Results of this assessment shall be included in the Intake Assessment Report and be reflected in both the Risk Assessment Instrument and Needs Assessment Instrument. Results shall be filed in the "Confidential Folder," located within each youth's institutional packet, prior to the youth's departure from the intake unit.
2. Youths who return to the intake unit/facility within one (1) year on a re-commitment or returning to the intake facility for purposes of re-classification shall not automatically be re-tested. Re-testing can be completed if deemed necessary.

### **J. SUBSTANCE ABUSE ASSESSMENT:**

1. All youths committed to the Department shall complete a substance abuse assessment within fourteen (14) days of admission. Results of this assessment shall be included in the Intake Assessment Report and be reflected in both the Risk Assessment Instrument and Needs Assessment Instrument. Results

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shall be filed in the “Confidential Folder,” located within each youth’s institutional packet, prior to the youth’s departure from the intake unit.

2. Youths returning to the intake unit for purposes of re-classification shall not automatically be re-tested. Re-testing can be completed if deemed necessary.

### **K. INDIVIDUAL ASSESSMENT:**

Additional individual assessments may be administered to aid in the assessment of youth risk, youth needs, youth responsivity, and classification. Assessments shall be conducted by trained staff and under the supervision and guidance of a qualified mental health professional. Results of individual assessments shall be filed in the “Confidential Folder,” located within each youth’s institutional packet, prior to the youth’s departure.

## **VI. CASEWORK PROCEDURE:**

### **A. HISTORICAL REVIEW:**

A vital component in providing a thorough assessment for youths is conducting a historical review of each youth. This review shall include collecting collateral information from sources outside of the youth.

1. All written information received from the committing county shall be reviewed during the intake process and reflected in the Intake Assessment Report, Risk Assessment Instrument, and Needs Assessment Instrument. This information may include, but not be limited to, pre-dispositional reports, detention reports, treatment records, family mental health questionnaire (Appendix ??), police reports, and victim statements.
2. Collateral information shall additionally be sought from parents/guardians, or other agencies when available. Information gleaned from this review shall be reflected in the INTAKE ASSESSMENT REPORT, RISK ASSESSMENT INSTRUMENT, and NEEDS ASSESSMENT INSTRUMENT. All attempts to contact the youth’s family and the resulting information shall be documented in the youth’s packet and Intake Assessment Report.

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### **B. YOUTH INTERVIEW:**

Each youth shall be assigned to a designated intake staff person upon admission who shall be responsible for conducting interviews with the youth. A minimum of two (2) interviews shall occur during the Intake Phase. The first interview shall be conducted upon the day of admission and assess any immediate needs of the youth. The second interview shall be completed within fourteen (14) days of admission and provide the clinician with information necessary to complete the INTAKE ASSESSMENT REPORT, RISK ASSESSMENT INSTRUMENT, and NEEDS ASSESSMENT INSTRUMENT. Each youth contact shall be reflected in the progress notes in the charting software. All progress note entries shall be made in SOAP (Subjective Observation Assessment Plan) or DAP (Data Assessment Plan) format, consistent with Department of Correction Health Records Manual Guidelines.

### **C. RISK ASSESSMENT INSTRUMENT:**

Trained intake staff shall complete an INITIAL RISK ASSESSMENT (Appendix 14) on each committed youth (both new commitments and re-commitments) prior to the Classification Team Meeting. The completed Risk Assessment Instrument shall be generated through the Juvenile Data System (JDS) and filed in the institutional packet, Section III, prior to the youth departing the intake unit.

The RISK ASSESSMENT INSTRUMENT utilizes several recognized and verified factors in order to group delinquent youths according to their risk of recidivism. When the RISK ASSESSMENT INSTRUMENT is completed, the score is converted into one of four (4) categories of risk level:

1. Low
2. Medium
3. High
4. Very High

The committing offenses are divided into four (4) classes of offenses, with Class I being the most serious and Class IV the least serious. (See Offense Codes, Appendix 15)

The level of risk, level of offense, determinate sentences, and meeting the criteria of any exceptional programming needs are all evaluated to

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determine the youth's classification based on the Institution Placement Decision Tree (Appendix 18).

### **D. NEEDS ASSESSMENT INSTRUMENT:**

Trained intake staff shall complete a NEEDS ASSESSMENT INSTRUMENT (Appendix 16) on each committed youth (both new commitments and re-commitments) prior to the Classification Team Meeting. The completed NEEDS ASSESSMENT INSTRUMENT shall be generated in JDS and filed in the institutional packet, Section III, prior to the youth departing the intake unit.

### **E. INTAKE ASSESSMENT REPORT:**

The INTAKE ASSESSMENT REPORT (Appendix 17) provides a bio-psychosocial overview of each youth committed to the Department. Various staff persons in different capacities throughout a youth's commitment utilize the INTAKE ASSESSMENT REPORT. As a foundational document this report serves as a guide in the classification process, the establishment of Re-entry Accountability Plans, educational placement, and program placement. The INTAKE ASSESSMENT REPORT shall be completed, reviewed, approved, and filed in each youth's institutional packet by the time the youth completes the Intake Phase. This report shall be entered into the case management charting system.

1. All information contained within the INTAKE ASSESSMENT REPORT shall be gathered from the following sources of information (when applicable):

- a. County pre-dispositional report
- b. County Dispositional Order
- c. Probation Officer Interview
- d. Treatment records
- e. Parent/Guardian interview
- f. Juvenile Data System
- g. Youth interview

2. A designated staff member shall:

- a. Meet individually with each assigned youth.
- b. Respond to the youth's concerns and questions.

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- c. Act as the staff contact person for the youth.
  - d. Refer the youth to other staff for services as necessary.
3. All youth determined to be new commitments to the Department shall have an INTAKE ASSESSMENT REPORT completed during the intake process. The content of the INTAKE ASSESSMENT REPORT shall address issues from the youth's community prior to his/her incarceration and the youth's behavior during the intake process.
4. All youth determined to be re-commitments to the Department should have an INTAKE ASSESSMENT REPORT completed during the intake process. The INTAKE ASSESSMENT REPORT shall address issues arising since the youth was paroled/released from his/her last Department commitment.
5. An addendum to the INTAKE ASSESSMENT REPORT, acknowledging awareness of the content of the report, shall be completed on every youth processed through the intake unit, including both new commitment youth and re-commitment youth. The addendum is located at the end of the INTAKE ASSESSMENT REPORT. The addendum should be signed by both the youth and the designated staff person completing the report. The report review shall be conducted in a language the youth understands.
6. Trained intake staff shall complete a Court Contact Summary generated through the Juvenile Data System (JDS) on each committed youth. The Summary will be included in the INTAKE ASSESSMENT REPORT.
7. Upon completion of the Intake Assessment Report by the designated staff person, the following steps shall be taken to ensure accuracy of information and appropriate dissemination of information:
  - a. Each INTAKE ASSESSMENT REPORT shall be read, reviewed, and approved by designated staff. Approval shall be noted by designated staff's signature beneath the signature of staff completing the INTAKE ASSESSMENT REPORT.

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- b. Approval shall be based upon completeness and clarity of information located within the INTAKE ASSESSMENT REPORT.
8. An audit process shall also be established in which a designated percentage of Intake Assessment Reports are reviewed monthly to ensure consistency between youth needs as identified by the Needs Assessment and treatment recommendations as indicated within the INTAKE ASSESSMENT REPORT.
9. A copy of the completed INTAKE ASSESSMENT REPORT shall be filed in the Central Office Packet.
10. The original completed INTAKE ASSESSMENT REPORT shall be filed in the institutional packet, Section III.

## **VII. CLASSIFICATION**

The Classification process controls the movement and assignment of youth between facilities and within a facility.

### **A. INITIAL CLASSIFICATION HEARING (Intake Units):**

The initial classification or assignment of a youth committed to the Department is determined by utilizing the information obtained through the Initial Risk Assessment (Appendix 14); the Needs Assessment (Appendix 16); the Intake Assessment Report (Appendix 17); and the Institutional Placement Decision Tree (Appendix 18); and the potential for placement in proximity to the youth's home community.

1. Three (3) staff members assigned by the Facility Head shall be designated as voting members of the Classification Committee. The three (3) voting Classification Committee members are staff representing classification, treatment, and custody areas. Additional staff may meet with and advise the committee, but shall not be voting members. The additional staff may be comprised of counseling, education, health care, recreation or custody. The Classification Committee shall review all available data on each youth and classify each youth to the most appropriate and least restrictive treatment facility, as indicated by the Institutional Placement Decision Tree (Appendix 18).



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2. The Classification Committee shall function in accordance with the following rules:
  - a. The committee shall meet in accordance with a schedule approved by the Facility Head/Designee.
  - b. The committee decisions/recommendations shall be determined by majority vote.
3. Classification Committee shall meet with each youth individually to inform each youth of his/her classification assignment. During this meeting, each youth shall receive and sign State Form 20838, CLASSIFICATION HEARING RESULT, (Appendix 19) and this form shall be filed in Section III of the institutional packet. Youth shall also be informed of the Classification appeal process at that time.
4. The youth committed with an indeterminate sentence is required to remain with the Department until successfully completing their assigned Treatment Program or until the youth turns twenty-one (21) years of age, whichever comes first. Successful completion of a treatment program is determined by the Unit Team and approved by the Administrative Review Committee.
5. The youth committed with a Determinate Sentence is required by Indiana statute to remain with the Department until the completion of the youth's time, which is determined by the committing county judge.

### **B. OVERRIDES:**

In certain instances, it may be appropriate to assign a youth outside the indicated area on the Institution Placement Decision Tree. An override should be initiated when aggravating or mitigating factors indicate that the security level assignment is not appropriate. Overrides may be either to a more restrictive or less restrictive assignment.

Any information, which supports the need for an override, is to be reflected on the Risk Assessment's "Override Section," as well as discussed in the INTAKE ASSESSMENT REPORT.

Any override that may become necessary shall be recommended and

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submitted to the Program Director of Classification. The Program Director of Classification shall approve or deny all override requests to more secure facilities. The Director of Juvenile Services is the final approving authority for all overrides to a less secure facility.

1. The following are some of the possible factors which may call for an override to a more secure facility assignment:
  - a. Offense history indicates violent behavior, as defined by the Institutional Placement Decision Tree, definition for Chronic Assaultiveness; (See Appendix 18).
  - b. History of arson;
  - c. Awaiting out of state records;
  - d. Severe Mental Health Problems, which require 24-hour on-site health care coverage as part of a treatment plan, as defined by the Exceptional Programming Needs (See Appendix 18);
  - e. Mental Health Issues (i.e., suicidal/homicidal ideation, history of psychiatric placements, psychotropic medicines requiring strict monitoring, etc.);
  - f. Previous unsuccessful interventions;
  - g. Community atmosphere inhibits treatment in community where facility is located (e.g. notorious crime);
  - h. Commitment is a re-commit for an offense committed under current supervision period;
  - i. Youth committed a violent crime/sex offense at the same time as the committing offense, but was not charged or plead to a lesser offense;
  - j. Use of weapons in offense;
  - k. History of escape, as defined by the Exceptional Programming Needs (See Appendix 18);

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- l. Severe medical problems that require twenty-four (24) hour health care staff coverage as indicated by a medical assessment and treatment plan, as defined by the Exceptional Programming Needs (See Appendix 18);
  - m. Youth have prior adjudications for sex offenses and have not successfully completed treatment, those who have been observed engaging in predatory sexual behavior in placement on two (2) or more occasions, and those who have no adjudications, but have been found to have committed sex offenses (See Appendix 18);
  - n. Pending adult criminal charges; and,
  - o. Other as deemed necessary.
2. The following are factors which may lead to a request for an override to a less secure facility:
  - a. Community support is viable/present;
  - b. Family support is viable/present; and,
  - c. Other as deemed necessary.
3. Youth who violate community (probation or parole) supervision or are recommitted to the Department are a mandatory override to one security level above their scored level on the INITIAL RISK ASSESSMENT INSTRUMENT.
4. Youth with pending adult charges or awaiting a waiver hearing are a mandatory override to one security level above their scored level on the INITIAL RISK ASSESSMENT INSTRUMENT. The security level of the facility will be determined based on the seriousness of the pending charges and/or waiver charges.

### **C. RECOMMITMENTS WHILE COMMITTED:**

Any youth recommitted on new charges (previously pending or committed in a Department facility) will undergo an abbreviated intake process. This shall include an addendum to the original INTAKE ASSESSMENT REPORT, INITIAL RISK ASSESSMENT, NEEDS ASSESSMENT, and an update of all applicable CCMS and Juvenile Data System (JDS) information. The youth will undergo the full intake process if his/her

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original date of testing exceeds one (1) year. A recommitted youth's risk score will be a mandatory override to one level higher above the scored risk level. Their place on the Institution Placement Decision Tree shall be based on their most serious adjudicated charge (s).

### **D. PAROLE VIOLATORS:**

Upon a youth being sustained by the Juvenile Parole Committee at a Revocation Hearing, the youth will undergo an abbreviated intake process. This will include updating within forty-eight (48) hours all applicable Juvenile Data System information, a Risk Assessment, and a Needs Assessment. The youth will be classified to a facility/housing unit by the intake unit's Program Director of Classification, or designee, within seventy-two (72) hours, excluding weekends and holidays. The youth may appeal this classification within fifteen (15) working days of the receipt of the Classification Hearing Results. A sustained parole violator's risk score will be a mandatory override to one level above the scored risk level on the RISK ASSESSMENT INSTRUMENT. Their place on the Institution Placement Decision Tree will be based on their sustained violations.

### **E. CLASSIFICATION APPEAL:**

A youth who wishes to appeal his/her initial classification assignment shall complete State Form 9260, CLASSIFICATION APPEAL (See Appendix 20).

1. A youth wishing to file an appeal of his/her initial classification may do so at the youth's initial unit team meeting.
2. The appeal is then sent to the Facility Head of the Intake Unit who shall communicate with the facility in which the appeal has originated and approve or deny the appeal. The youth will be notified in writing of the decision. If the appeal is denied, the youth may appeal the denial within ten (10) days to the Director of Juvenile Services. The youth may again appeal to the Director of Juvenile Services every sixty (60) days following the denial of the appeal. The decision of the Director of Juvenile Services, as the Commissioner's Designee, is final and is not subject to administrative review.

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### **F. ESCAPES:**

Youth who escape during their commitment to the Department will undergo a re-assessment to determine the youth's appropriate classification. This re-assessment may be conducted either at the youth's assigned treatment facility or at the Intake Unit. The Program Director of Classification shall coordinate with a staff member of the youth's currently assigned treatment facility to determine which facility will conduct the re-assessment. This re-assessment will include any new information regarding offenses which may have occurred during the escape, and review of an updated Re-entry Accountability Plan completed by the assigned treatment facility describing the youth's progress in treatment. An addendum will be prepared for the original Intake Assessment Report and a new Risk Assessment and Needs Assessment will be prepared with all applicable information. Following a review of the amended Intake Assessment Report and updated Risk Assessment and Needs Assessment, the Program Director of Classification shall classify the youth to the most appropriate facility (which may continue to be the same facility) as indicated on the Institutional Placement Decision Tree.

### **G. DEPARTURES:**

1. After youths have been classified to their treatment facility and notified of said classification, the CLASSIFICATION LETTER TO THE FAMILY (See Appendix 21) shall be completed and mailed to the youth's legal guardian. This letter informs the youth's legal guardian of the facility to which the youth was classified. A copy of this letter shall also be sent to the judge of the youth's committing county, and a copy shall be filed in the youth's institutional packet, Section IV, prior to the youth's departure.
2. Youth's institutional packets, medical packets, and escape packets shall accompany the youth to their treatment facility.
3. A State Form 23605, OFFENDER TRANSPORT ORDER (Appendix 8) and a State Form 1736, TRANSFER AUTHORITY (Appendix 22) shall also accompany the youth to their treatment facility.

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### **VIII. ADMINISTRATIVE SEGREGATION:**

#### **A. INTRODUCTION AND PURPOSE:**

Administrative Segregation involves a process to separate a youth from the general population, not for disciplinary reasons, but for the protection of self and/or others.

#### **B. REASONS FOR ADMINISTRATIVE SEGREGATION:**

Youth who cannot control their assaultive behavior, present a danger to themselves, or who are in constant danger of being victimized by other youth may require special management. The facility shall provide appropriate services and programs and may separate these youth from the general population to allow for individualized attention.

Youths may be placed on Administrative Segregation for the following reasons:

1. Medical- Health Care staff is responsible for requesting Administrative Segregation.
2. Psychological/Psychiatric- Mental Health/treatment staff is responsible for requesting Administrative Segregation.
3. Safety/protection of self or others- The Shift Supervisor/Designee is responsible for requesting Administrative Segregation.
4. Youth initiated Protective Custody- The youth shall request, through the Shift Supervisor/Designee, placement in Administrative Segregation for the purpose of self-protection. The Shift Supervisor/Designee shall take immediate action, as deemed appropriate. In instances where a youth is placed on Administrative Segregation for self protection, the Shift Supervisor/Designee shall assist the youth in completing State Form 7268, RECLASSIFICATION REQUEST (Appendix 27), and forward it to the Classification Committee/Unit Team.

#### **C. GUIDELINES FOR ADMINISTRATIVE SEGREGATION:**

1. All Administrative Segregation of youths must be approved by the Facility Head/Designee.

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2. In all instances, State Form 39588, SEGREGATION/CONFINEMENT REPORT (See Appendix 25), shall be completed and a concise description of the need for segregation shall be written.
3. All youths on Administrative Segregation are to be reviewed every twenty-four (24) hours by the Facility Head/Designee to determine if the reason for segregation still exists. Youth assigned to administrative segregation for protection of others or themselves are to be released from segregation as soon as they no longer pose a threat of harm to self or others.
4. Administratively segregated youths shall be afforded the opportunity to participate in programming, to include, but not limited to: education, counseling, recreation, and religion.
5. A youth recommended to be re-classified to Administrative Segregation shall receive a forty-eight (48) hour notification of the Classification Hearing. For these purposes, State Form 7262, CLASSIFICATION HEARING NOTIFICATION (See Appendix 26), shall be completed. The Facility Head/Designee may waive the youth's right to a forty-eight (48) hour notification if such notification poses a threat to the safety/security of the facility.
6. A review will be conducted of the youth's Re-entry Accountability Plan. The individual plans will be updated as necessary to ensure that a comprehensive plan is in place for youth on administrative segregation. An additional Unit Team meeting will be scheduled and held if necessary.
7. Administrative Segregation youth shall be reviewed, at a minimum, every thirty (30) days by the Classification Committee/Unit Team to determine if the reason for Administrative Segregation still exists. For these purposes, State Form 20838, CLASSIFICATION HEARING RESULTS, (See Appendix 19), shall be completed and forwarded to the Facility Head/Designee for review and disposition.
8. Youth who are placed in administrative segregation shall receive progressive opportunities for treatment groups, educational classes, and group recreation, based upon their achievements and behavior.

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9. Youth assigned to administrative segregation shall be permitted, at a minimum, two (2) hours of program activity and one (1) hour of large muscle activity outside of their immediate living area (room) daily. The one (1) hour of large muscle activity shall include outdoor recreation when the weather allows. This privilege may be denied if abused while in segregation, and such abuse and the reason for denying access shall be documented in writing and in detail and approved by the Facility Head/Designee. This opportunity may also be withdrawn if a Mental Health staff member determines that to so allow could potentially be injurious to the youth's safety, to the safety of other youth, or to the safety of staff. This determination may, in an emergency, be made by the staff on duty who shall then consult with and obtain approval from a Mental Health staff member on duty or on call. This consultation shall occur as quickly as possible under the circumstances and shall be documented in writing and in detail and approved by the Facility Head/Designee.
10. All rights and/or procedures enumerated in these procedures may be temporarily suspended upon declaration by the Facility Head/Designee that an emergency situation exists as outlined in the administrative procedures for Policy 02-03-102, "Emergency Response Operations." The Facility Head/Designee shall review, at a minimum, every twenty-four (24) hours the continued need for suspension of rights/procedures. Upon resolution of the emergency situation, all suspended rights/procedures shall be reinstated.

Operational procedures shall be developed for the implementation and monitoring of Administrative Segregation, including: the admission process; youth adjustment; and, service delivery.

### **IX. REGULAR (NON-EMERGENCY) TRANSFERS/RECLASSIFICATION:**

#### **A. INTRODUCTION:**

A regular transfer and reclassification involves an administrative classification process to review, decide, and implement actions concerning requests to change a youth's assignment to a different housing unit/facility.

Staff or youth may initiate a request for transfer and reclassification.



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When staff initiates a request for transfer and reclassification, it may be either voluntary or involuntary on the part of the youth. All requests for transfer and reclassification must go through the Unit Team. A youth may appeal a transfer and reclassification through the Appeal Process as described in Section VIII subsection G.

### **B. PURPOSE:**

The purpose of a regular (non-emergency) transfer and reclassification is to modify a youth's assignment based on a change in the youth's treatment, supervision, or security needs.

### **C. REASONS AND LIMITATIONS FOR TRANSFER AND RECLASSIFICATION:**

Transfer and Reclassification shall be controlled by the following guidelines:

1. Staff-initiated requests for transfer and reclassification shall be considered only after an interval of thirty (30) days subsequent to the youth's most recent classification, unless the request is based upon security or health reasons.
2. A request for transfer and reclassification by a staff person shall not be utilized for disciplinary action.
3. Requests for transfer and reclassification may be withdrawn by the requesting staff person at any time prior to a decision by the Unit Team by submitting a written request.
4. A youth in a higher security housing unit/facility who has demonstrated the ability for appropriate behavior may be reclassified to a less secure housing unit/facility to enable his/her re-entry into the community. The intent of this action is to create a vehicle for youth to transfer to the region of their commitment, promote family interaction, enhance program opportunities, and allow for the gradual re-entry back to the home community. Eligibility is not automatic but is determined, at minimum, on the youth's progress in his/her treatment program. For the purpose of this procedure, all youths are eligible for reclassification to lower security with the exception of those youths who are charged with offenses that result in death, threat of death, serious bodily injury,

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and youths with determinate sentences. Some examples of these offenses are: murder, arson, and sex offenses. The Director of Juvenile Services and Regional Director must approve the youth who are not automatically ineligible for re-entry but request special consideration for re-classification.

5. Transfer and reclassification to a more secure housing unit/facility can occur if the youth has consistently demonstrated inappropriate behavior and exhausted all resources of a less secure housing unit/facility.
6. Transfer and reclassification to a more secure housing unit/facility can occur if a youth has escaped from a unit/facility.
7. Youth requires a transfer to a same security level facility for treatment reasons (e.g., school program, family needs, etc).
8. A youth initiated request for transfer and reclassification shall be considered at any time following a youth's arrival to their assigned treatment facility.

### **D. STAFF RESPONSIBILITIES IN TRANSFER AND RECLASSIFICATION PROCESS:**

1. Any staff person who believes a youth should be transferred and reclassified shall complete State Form 7268, RECLASSIFICATION REQUEST. (See Appendix 27)
2. The completed RECLASSIFICATION REQUEST shall be forwarded to the youth's assigned counselor.
3. The youth's counselor shall be responsible to:
  - a. Review the staff prepared RECLASSIFICATION REQUEST, if completed by another staff person;
  - b. Review the Risk and Needs Assessment;
  - c. Request a psychological/psychiatric report, if necessary;

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- d. Obtain a copy of the youth's most recent Re-entry Accountability Plan, and prepare a summary for review by the Unit Team; and,
    - e. Submit all documents to the Unit Team.
  4. The youth's Unit Team shall meet with the youth to review the Reclassification Request, Re-entry Accountability Plan, and any pertinent documents, and the Counselor shall record a recommendation for approval or denial of the request for transfer.
  5. The Counselor shall forward the RECLASSIFICATION REQUEST, Re-entry Accountability Plan and summary to the Classification Committee for approval.
  6. If the transfer and reclassification is approved, the youth's counselor is to notify the youth's parent or legal guardian.
- E. CLASSIFICATION COMMITTEE/ RESPONSIBILITIES IN TRANSFER PROCESS:

The Classification Committee shall:

1. Review the Reclassification Request, Re-entry Accountability Plan, and any included documents;
2. Contact the youth's counselor if any additional information is needed and arrange for the information to be provided;
3. Notify the youth at least forty-eight (48) hours prior to the hearing, unless precluded for security or other substantiated reasons documented in the youth's facility packet. Notification may be accomplished by completing and distributing CLASSIFICATION HEARING NOTIFICATION. (See Appendix 26) The youth may waive the forty-eight (48) hour notification;
4. Conduct a Classification Hearing in accordance with all applicable due process rules and rights;
5. Allow the youth an opportunity to present his/her concerns to the Classification Committee before a recommendation is made;

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6. Subsequent to the decision(s)/recommendation(s), complete RECLASSIFICATION REQUEST;
7. Inform and explain the decision(s)/recommendation(s) to the youth, obtain the youth's signature, and provide the youth with the appropriate copy of RECLASSIFICATION REQUEST;
8. Inform the youth of the appeal process as indicated in VIII G.; and,
9. Forward a copy of RECLASSIFICATION REQUEST, to the Facility Head/designee who will review and, if deemed appropriate, send a copy to the Program Director of Classification if the recommendation is for inter-facility transfer.
10. If the request is denied, the Facility Head/designee can appeal to the Director of Juvenile Services, who has final authority over all inter-facility movement. Intra-facility movement does not require the approval of the Program Director of Classification.

### **F. PROGRAM DIRECTOR OF CLASSIFICATION'S RESPONSIBILITIES:**

The Program Director of Classification shall:

1. Review RECLASSIFICATION REQUEST, and other pertinent documents, as submitted by the Facility Head/Designee, for all inter-facility transfers and render a decision based upon:
  - a. The security level necessary for the youth;
  - b. The youth's INTAKE ASSESSMENT REPORT and/or Re-entry Accountability Plan;
  - c. The location of the youth's family/guardian; and,
  - d. The availability of space in the Department's juvenile facilities/programs;
2. Complete TRANSFER AUTHORITY, if the request for inter-facility transfer is approved; and,
3. Notify the sending and receiving facilities of the decision and all pertinent information shall be forwarded to the receiving facility.

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The youth's facility packet, medical and escape packet, psychological/psychiatric records, and other relevant materials (e.g., Victim/Witness Notification and medication) should accompany the youth;

4. Inmate Trust Fund monies may be sent with or expeditiously follow the youth to the receiving facility, in accordance with the administrative procedures for Policy 04-01-104, "Inmate Trust Fund";
5. If youth is moved to the Intake Unit pending re-classification, notify the youth's parent or legal caretaker of the transfer while the reclassification request is being reviewed.

### **G. APPEAL PROCESS:**

A youth shall be advised that an inter-facility transfer and reclassification may be appealed by use of the Appeal Process.

A youth who wishes to appeal the transfer and reclassification decision shall complete RECLASSIFICATION REQUEST (Appendix 27), and supporting documents, and submit to the Unit Team at his/her current treatment facility.

The youth has no right to an appeal prior to transfer and reclassification to a treatment facility. A youth may appeal a transfer and reclassification at anytime following their transfer and reclassification to a new treatment facility.

The appeal is sent to the Facility Head of the Intake Unit who shall communicate with the facility in which the appeal has originated and approve or deny the appeal. The youth will be notified in writing of the decision. If the appeal is denied by the Facility Head of the Intake Unit, the youth may appeal the denial within ten (10) working days to the Director of Juvenile Services. The youth may again appeal to the Director of Juvenile Services every sixty (60) days following the denial of the appeal. The decision of the Director of Juvenile Services, as the Commissioner's designee, is final and is not subject to administrative review.

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### **X. EMERGENCY TRANSFERS/RECLASSIFICATION:**

#### **A. INTRODUCTION:**

An emergency transfer involves an administrative classification process to review, decide, and implement an immediate transfer and reclassification of a youth.

#### **B. PURPOSE:**

The purpose of an emergency transfer and reclassification is to immediately modify a youth's assignment based on a change in the youth's treatment or security needs.

#### **C. REASONS AND LIMITATIONS FOR TRANSFER:**

The Facility Head/Designee under any of the following circumstances may initiate inter-facility transfers and reclassification:

1. Youth needs emergency medical treatment and routine procedures would delay the delivery of appropriate medical services;
2. Youth needs emergency psychiatric/psychological care and the youth's behavior has deteriorated to such a level that appropriate security and treatment cannot be provided in the current housing unit/facility; or,
3. Youth needs special custody to adequately safeguard personal safety or safety of others.

#### **D. REQUEST FOR TRANSFER AND RECLASSIFICATION PROCESS:**

1. In those situations where the Facility Head/designee determines that an immediate transfer is required, the Facility Head/designee shall contact the office of the Program Director of Classification by telephone or pager. The Facility Head/designee shall explain the situation and outline the reason(s) indicating the need for an immediate emergency transfer and reclassification.
2. The Program Director of Classification, based on the information from the Facility Head/designee, shall either approve or deny the transfer request and reclassification. If the transfer is approved, the

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Program Director of Classification shall forward a TRANSFER AUTHORITY, to the sending and receiving facilities by the most expedient means available or arrange for verbal approval for the transfer to all concerned. If denied, the Facility Head/designee may request a review by the Director of Juvenile Services.

3. The Program Director of Classification shall contact the receiving Facility Head/designee by telephone or other expeditious means and report prior to the movement of the youth the following:
  - a. Notification of authorized emergency transfer;
  - b. Purpose/circumstances involved in the transfer and reclassification;
  - c. Date and time that the youth will be transported and estimated time of arrival;
  - d. Need for any specialized treatment or custody precautions that may be indicated; and,
  - e. Name and DOC number(s) of the youth(s) to be transported and any additional information.
4. The sending Facility Head/designee shall be responsible for the following:
  - a. The youth(s) shall be notified prior to the transfer of their need for emergency transfer and reclassification;
  - b. A classification hearing is required to be conducted prior to the transfer. The youth shall be given the opportunity to waive a transfer hearing and the document is to be filed in the youth's facility packet. In the event a classification hearing cannot be held prior to transfer, (e.g., extreme threat to the facility/self) the sending Facility Head/designee will need to document the reasons/basis for transfer. This documentation is to accompany the youth at the time of transfer and a classification hearing will be conducted at the receiving facility;

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- c. The youth's facility packet, medical and escape packet, psychological/psychiatric records, and other relevant materials (e.g., Victim/Witness Notification and medication) shall accompany the youth;
  - d. Date and time that the youth will be transported and estimated time of arrival;
  - e. Need for any specialized treatment or custody precautions that may be indicated; and,
  - f. The administrative procedures for Policy 02-01-101, "Offender Personal Property," shall be applied;
  - g. Inmate Trust Fund monies may be sent with or expeditiously follow the youth to the receiving facility, in accordance with the administrative procedures for Policy 04-01-104, "Inmate Trust Fund";
  - h. A completed OFFENDER TRANSPORT ORDER, shall accompany the youth to the receiving facility;
  - i. The youth's parent, guardian, custodian, or nearest relative shall be notified via U.S. mail, of the name, address, location and telephone number of the receiving facility;
  - j. The youth's assigned Parole Officer shall be notified of the change in treatment facility if request for placement has already been initiated; and,
  - k. A summary explaining the reason for the Emergency Transfer shall be completed as soon as possible and sent to the Program Director of Classification and the receiving facility.
5. In the event that the Facility Head/designee exhausts all rapid means of communication without contacting the Program Director of Classification:
- a. The Facility Head/designee is authorized to transport the youth(s) to an appropriate facility without TRANSFER AUTHORITY.



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- b. The sending Facility Head/designee is responsible for the following:
  - (1) Notifying the Facility Head/designee of the receiving facility of the reason(s) for transfer;
  - (2) Verbally reporting to the Program Director of Classification as soon as communications are restored or the first working day after communications are restored; and,
  - (3) Completing a summary explaining the reason for the Emergency Transfer as soon as possible and sending this summary to the Program Director of Classification and the receiving facility.
- c. Upon receipt of the details associated with the transfer, the Program Director of Classification shall:
  - (1) Issue TRANSFER AUTHORITY, if the decision is for the youth to remain at the receiving facility.
  - (2) Issue TRANSFER AUTHORITY, if the decision is for the youth to return to the sending facility.
- 6. The receiving facility shall not accept a youth from another facility unless the youth is accompanied by a completed TRANSFER AUTHORITY, a completed OFFENDER TRANSPORT ORDER, and a complete facility packet, medical, escape, and psychological/psychiatric records, and other relevant materials except under the following circumstances:
  - a. The need for a TRANSFER AUTHORITY is waived, as delineated in Procedure X. D.5.
  - b. If the receiving Facility Head/designee is satisfied that a sufficient briefing regarding the custody, security, medical, legal, and environmental status of the youth has been provided and the packet and records will follow within forty-eight (48) hours of the transfer.

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7. The receiving Facility Head/designee shall ensure that the Classification Hearing Process as indicated in Section VIII, E. 4 thru 9, is held within five (5) working days after receipt of the youth.
8. A youth shall be advised that an inter-facility transfer may be appealed by use of the Classification Appeal Process.

### **E. APPEAL PROCESS:**

A youth shall be advised that an inter-facility transfer and reclassification may be appealed by use of the Appeal Process.

A youth who wishes to appeal the transfer and reclassification decision shall complete a RECLASSIFICATION REQUEST, and supporting documents, and submit to the Unit Team at their current facility.

The youth has no right to an appeal prior to transfer and reclassification to a treatment facility. A youth may appeal a transfer and reclassification request at anytime following their transfer and reclassification to a new treatment facility.

The appeal is sent to the Facility Head of the Intake Facility who shall communicate with the facility in which the appeal has originated and approve or deny the appeal. The youth will be notified in writing of the decision. If the appeal is denied by the Facility Head of the Intake Unit, the youth may appeal the denial within ten (10) working days to the Director of Juvenile Services. The youth may again appeal to the Director of Juvenile Services every sixty (60) days following the denial of the appeal. The decision of the Director of Juvenile Services, as the Commissioner's Designee, is final and is not subject to administrative review.

## **XI. TRANSFERS TO THE DIVISION OF MENTAL HEALTH AND ADDICTIONS:**

### **A. PURPOSE:**

1. The Department shall provide for the care and treatment of every committed youth who is determined to be mentally ill by a psychiatrist employed or retained by the Department.

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1. The facility requesting transfer/commitment of a youth to the Division of Mental Health and Addiction shall consider what is in the best interests of each youth, the community and the Department. The major principle underlying such transfer/commitment request is that the youth needs psychiatric care, and the youth's behavior has deteriorated to such a level, that appropriate security and treatment cannot be provided in the Department or in the community.

### **B. VOLUNTARY TEMPORARY TRANSFER REQUEST:**

1. A youth who believes him/herself to be mentally ill and in need of care and treatment in the Division of Mental Health and Addiction shall, upon request for transfer, be examined by a psychiatrist employed or retained by the Department. The psychiatrist shall report the findings in writing to the Facility Head/Designee.
2. If the psychiatric evaluation determines that the youth is mentally ill and in need of care and treatment in the Division of Mental Health and Addiction, the Facility Head/designee shall process a request for the youth's transfer to the Division of Mental Health and Addiction.
3. The Facility Head/designee is responsible to notify the youth who has requested a voluntary transfer to the Division of Mental Health and Addiction of the conclusion of the psychiatric evaluation and the request for transfer to the Division of Mental Health and Addiction.
4. Temporary transfer to the Division of Mental Health and Addiction does not extend a youth's term of commitment to the Department.

### **B. ROUTINE AND EMERGENCY INVOLUNTARY TEMPORARY TRANSFER REQUEST:**

1. A committed youth may be involuntarily transferred to the Division of Mental Health and Addiction either on a routine or on an emergency basis.
2. The youth must be examined by a psychiatrist employed or retained by the Department, and if the psychiatrist reports to the Facility Head/designee in writing that, in his/her opinion, the youth

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is mentally ill and in need of care and treatment by the Division of Mental Health and Addiction, the Facility Head/designee shall process a request for the youth's transfer to the Division of Mental Health and Addiction.

3. Temporary transfer to the Division of Mental Health and Addictions does not extend a youth's term of commitment to the Department.

### **C. ADMINSTRATIVE RESPONSIBILITIES AND ACTIONS:**

1. Youth initiated (voluntary) transfer to mental health facility:
  - a. A committed youth who believes him/herself to be mentally ill or in need of care and treatment in a mental health facility shall submit in written request for such transfer to the Facility Head/designee.
  - a. The youth shall be referred to a psychiatrist for examination.
  - b. The psychiatrist after examining the youth shall submit a report of his/her examination to the Facility Head/designee. The report shall include:
    - (1) Name of facility to which youth is assigned;
    - (2) Date of report;
    - (3) Youth name and identification number;
    - (4) History of youth;
    - (5) Conditions, impressions, and symptoms;
    - (6) Diagnosis;
    - (7) Recommendation(s); and
    - (8) Signature
  - c. All documents relating to the youth's request shall be forwarded to the Facility Head/designee.
2. Routine involuntary transfer:
  - a. A youth who is believed to be in need of care and treatment in a mental health facility shall be referred to a psychiatrist for examination.

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- b. The psychiatrist, after examining the youth, shall submit a report of his/her examination to the Facility Head/designee. The report shall include:
  - (1) Name of facility which youth is assigned;
  - (2) Date of report;
  - (3) Youth's name and identification number;
  - (4) History of youth;
  - (5) Conditions, impressions, and symptoms;
  - (6) Diagnosis;
  - (7) Recommendation(s); and
  - (8) Signature
- c. If the transfer to a mental health facility is recommended, the Facility Head/designee is responsible for the following:
  - (1) Youth shall be served with completed NOTICE OF TRANSFER TO DIVISION OF MENTAL HEALTH AND ADDICTION AND RIGHT TO A HEARING. (Appendix 28)
  - (2) Afford the youth the opportunity to demand a hearing or waive the right to a hearing by completion of DEMAND FOR HEARING/WAIVER OF HEARING. (See Appendix 29)
  - (3) If the youth signs the waiver of hearing, process the request to transfer as hereinafter specified.
  - (4) If the youth demands a hearing, the Director of Juvenile Services shall appoint an impartial hearing officer.
  - (5) Notify the Unit/Facility Program Director of Classification a transfer to the Division of Mental Health and Addictions is recommended.
- d. The hearing officer shall:
  - (1) Establish the day, time, and location of the hearing.
  - (2) Afford the youth the following:

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- (a) At least ten (10) days advance written and verbal notice of the hearing along with a copy of psychiatric report.
  - (b) Date of hearing;
  - (c) Time of hearing;
  - (d) Place of hearing
  - (e) Reason for contemplated transfer;
  - (f) Youth is entitled to:
    - ((1)) Appear in person;
    - ((2)) Speak in his/her behalf;
    - ((3)) Call witnesses;
    - ((4)) Present documentary evidence;
    - ((5)) Confront and cross-examine witnesses; and
    - ((6)) Be represented by counsel or other representation.
- (3) Notify the youth's spouse, parent, attorney, guardian, custodian, of relative of the pending transfer to the Division of Mental Health and Addiction and the day, date, time and location of the hearing. Secure signature, if possible, on PARENTS' WAIVER TO DIVISION OF MENTAL HEALTH AND ADDICTIONS. (See Appendix 30)
- (4) Conduct the hearing and accord due process.
- (5) Consider all applicable evidence.
- (6) Render a decision as to the youth's need for mental health care and treatment in a mental health facility. A finding that the youth is in need of mental health care and treatment in a mental health facility must be based upon clear and convincing evidence.
- (7) Complete TRANSFER HEARING REPORT. (See Appendix 31)
- (8) Inform the youth of the decision and give the youth a completed copy of TRANSFER HEARING

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REPORT. The youth shall be informed of the following:

- (a) The hearing officer's decision;
- (b) Findings of fact;
- (c) Evidence relied upon; and,
- (d) Reasons for action recommendation.

- (9) Submit all relevant documents to Facility Head/Designee.

- 3. In case of emergency transfers to a mental health facility, a committed youth may be involuntarily transferred to a mental health facility on an emergency basis before holding a hearing.
  - a. A youth who is believed to be in need and treatment in a mental facility shall be referred to a psychiatrist for examination.
  - b. The psychiatrist, after examining the youth, shall submit a report of his/her examination to the Facility Head/Designee. The report shall include:
    - (1) Name of the facility to which the youth is assigned;
    - (2) Date of report;
    - (3) Youth's name and identification number;
    - (4) History of youth;
    - (5) Conditions, impressions, and symptoms;
    - (6) Diagnosis;
    - (7) Recommendation(s); and
    - (8) Signature.
  - c. If an emergency transfer to a mental health facility is recommended:
    - (1) Serve the youth with a complete NOTICE OF TRANSFER TO DIVISION OF MENTAL HEALTH AND ADDICTIONS AND RIGHT TO A HEARING.
    - (2) Submit documents to the Facility Head/Designee.

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### **E. ACTION OF THE FACILITY HEAD/DESIGNEE:**

1. Receive all documents concerning a youth's transfer to a mental health facility.
2. Notify the Intake Unit Program Director of Classification regarding the Emergency Transfer to Mental Health. The Intake Unit Program Director of Classification shall review the emergency transfer no later than the next business day to ensure appropriate procedures were followed.
3. If the recommendations do not include transfer to a mental health facility:
  - a. Cause the youth to be notified in writing, if not already notified.
  - b. Cause the documents to be filed in the youth's facility packet, in the confidential section.
4. If the recommendations include transfer to a mental health facility:
  - a. Cause the youth to be notified in writing, if not already so notified.
  - b. Submit request for mental health transfer to the Director of Juvenile Services to include three (3) sets of each of the following as applicable:
    - (1) Written justification and request for transfer to include additional information relating to the youth's mental health; e.g. type of mental health transfer being requested;
    - (2) JUVENILE OFFENDER ARRIVAL AND IDENTIFICATION;
    - (3) Psychiatric/psychological report(s);
    - (4) NOTICE OF TRANSFER TO DIVISION OF MENTAL HEALTH AND ADDICTIONS AND RIGHT TO HEARING;



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- (5) DEMAND FOR HEARING WAIVER OF HEARING;
- (6) TRANSFER HEARING REPORT
- (7) Other pertinent information (e.g. PARENT'S WAIVER TO DIVISION OF MENTAL HEALTH AND ADDICTIONS).

- 5. Act on the reply from the Director of Juvenile Services.
- 6. Cause all documents related to the case to be filed in the youth's facility packet.

### **F. ACTION OF THE DIRECTOR OF JUVENILE SERVICES:**

- 1. Receive requests for mental health transfer from the Facility Head/Designee;
- 2. Review the requests;
- 3. Render a decision;
- 4. If the request is approved, submit three sets of documents together with a completed TRANSFER REQUEST TO THE DIVISION OF MENTAL HEALTH AND ADDICTION (See Appendix 32), to the Commissioner for review and signature and submission of two of the signed sets to the Commissioner of Mental Health for consideration of transfer to the Division of Mental Health and Addiction. File the third set in the Central Office Packet.

### **G. COMMITMENT TO THE DIVISION OF MENTAL HEALTH AND ADDICTION:**

- 1. A youth 17 years of age or older, who is believed to be in need of commitment to the Division of Mental Health and Addiction upon his/her release from a Department facility shall be referred to a psychiatrist for examination.
- 2. The psychiatrist, after examining the youth, shall submit a report of the exam findings to the Facility Head/designee.

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3. If the recommendation is for civil commitment, the Facility Head/designee shall notify the Director of Juvenile Services, Department Division of Legal Services, and the designated Healthcare Administrator.
4. The Facility Head shall follow instructions as given by the Division of Legal Services in order to prepare the youth and staff for the commitment hearing. The facility is responsible for transferring the youth.
5. The Facility Head/designee, Staff Legal Counsel, and the Healthcare Administrator shall work cooperatively to accomplish the commitment recommendations.
6. The Facility Head/designee shall provide the youth with all appropriate hearing notices/rights as determined by the Division of Legal Services.
7. The facility housing the youth shall be responsible for transporting the youth to the assigned mental health facility upon approval from the court and at a time approved by the Division of Mental Health and Addiction.
8. Once the youth is committed to the Division of Mental Health and Addiction, the facility ARC shall discharge the youth from his/her Department obligation.

## **XII. PRE-DISPOSITIONAL DIAGNOSTIC SERVICE:**

### **A. DESIGNATION OF PRE-DISPOSITIONAL DIAGNOSTIC UNITS:**

1. In accordance with Indiana Code 11-10-2-6 a juvenile court may order a juvenile who is before the court for disposition and is subject to commitment to the Department to be temporarily committed to the Department for evaluation and determination of proposed assignment. The Pre-Dispositional Diagnostic Unit shall forward its written findings and recommendations to the sending court.
2. The Department has determined specific Pre-Dispositional Diagnostic Units to which a legally constituted juvenile court may order a juvenile who is before the court for disposition and is

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subject to commitment to the Department to be temporarily committed for evaluation services. Such Pre-Dispositional Diagnostic Units may not retain any juvenile in excess of fourteen (14) days (excluding Saturdays, Sundays, and legal holidays) for the purpose of evaluation and determination of proposed assignment.

The following facilities have been designated by the Department to operate such Pre-Dispositional Diagnostic Units:

- a. The Logansport Juvenile Correctional Facility (intake unit) may receive any male juvenile being deemed in need of a Pre-Dispositional Diagnostic Evaluation by a legally constituted juvenile court and which is so ordered by that court.
- b. The Indianapolis Juvenile Correctional Facility may receive any female juvenile being deemed in need of a Pre-Dispositional Diagnostic Evaluation by a legally constituted juvenile court and which is so ordered by that court.

### **B. ADMISSION**

1. The Pre-Dispositional Diagnostic Unit shall ensure that the temporary commitment of any juvenile is within statutory limitations by ensuring that:
  - a. The court order is received at a Pre-Dispositional Diagnostic Unit.
  - b. The youth is subject to commitment to the Department.
2. Upon receipt of a youth, the delivering governmental agency shall be provided with OFFENDER TRANSPORT ORDER. (See Appendix 8)
3. Procedures for mental health screening and assessment, healthcare and dental needs shall be completed according to applicable Health Care Directives.

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4. The facility shall comply with its Operational Procedures for Policy 02-01-101, "Offender Personal Property," for the receipt, care, and inventory of individual items and disposition of a youth's personal property, including monies upon admission to the Diagnostic Unit.
5. In order to maintain proper levels of custody and hygiene, it is necessary that, upon admission, each youth is provided:
  - a. Search of personal property;
  - b. Strip search;
  - c. Ectoparasite control procedure implemented;
  - d. Showering;
  - e. Medical, dental, and mental health screening;
  - f. Facility clothing, as applicable;
  - g. Personal hygiene items, as necessary;
  - h. Hair grooming, as necessary; and,
  - i. Housing assignment.
6. As a basis for the facility packet, the acquisition of certain basic information about a newly committed youth is necessary. This information is entered into the Juvenile Data System (JDS) at various stages of the admission process and is summarized in the Arrival and Identification Report generated through the JDS.

Additionally, each youth shall receive a Department identification (DOC) number.

7. The Diagnostic Unit shall provide an orientation program to assist each youth to understand the Pre-Dispositional Diagnostic Services process. The orientation program shall be provided in a language of which the youth understands and, at a minimum, include the following:
  - a. An explanation of the diagnostic process and an understanding of what is expected and what the offender may expect during the diagnostic process;
  - b. An overview of Department policies and procedures pertinent and relevant to the youth's confinement;

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- c. Advisement of youth rights relative to the diagnostic process;
- d. Grievance process;
- e. Orientation to sexual assault prevention and reporting;
- f. Information on how to access the Offender Telephone Hotline
- g. Assist each youth to notify his/her family of the youth's admission and procedures for mail;
- h. Emergency procedures;
- i. Escape law; and,
- k. Completion of the Orientation Confirmation (See Appendix 9)

### **C. EVALUATION PROCESS:**

- 1. The Diagnostic Unit shall prepare a PRE-DISPOSITIONAL DIAGNOSTIC EVALUATION (See Appendix 33 for sample format) to recommend an individualized rehabilitative treatment plan for each youth to assist in the determination of suitable treatment and/or placement alternatives. The evaluation shall include, at a minimum, the following:
  - a. A social history to include the youth's background data supplied by the court, community contact, and social agencies, together with information provided by the youth during a Diagnostic Unit interview.
  - b. Interpretation of the results of individual and/or group psychological tests and/or assessment to evaluate the following areas:
    - (1) Academic achievement;
    - (2) Intelligence level;
    - (3) Personality assessment; and,
    - (4) Vocational interests.

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- c. Behavioral observations by health care services and diagnostic unit staff.
  - d. Summary of data presented.
  - e. Recommendations for disposition to include treatment strategy(ies) and placement considerations.
2. The Facility Head shall ensure that the Pre-Dispositional Diagnostic Services are completed within fourteen (14) working days subsequent to the youth's admission to the Diagnostic Unit. The Facility Head shall ensure that the committing court will be notified and arrangements for return of the youth to that court have been made prior to the expiration of the legal maximum limit of confinement in the Department.
3. The Facility Head shall ensure that the Pre-Dispositional Diagnostic Evaluation is submitted to the court within seven (7) working days of the youth's return to the court's jurisdiction. Operational procedures shall be developed to ensure proper availability, completion, and distribution of forms, and local procedures to implement this section.

### **XIII. ORIENTATION LEVEL:**

#### **A. INTAKE/ADMISSION TO RECEIVING FACILITY:**

1. The intake facility shall:
  - a. Initiate OFFENDER TRANSPORT ORDER (Appendix 8)
  - b. Prepare the youth's packets for transportation; e.g. facility packet, medical packet, escape packet, and Victim/Witness file, if necessary.
2. The receiving facility is responsible for transporting youth from the Intake Unit to the facility.
3. Upon receipt of a youth from the Intake Facility, designated staff shall:
  - a. Review the accompanying documents; e.g. TRANSFER AUTHORITY. (Appendix 22)

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- b. Inventory the youth's bulk personal property, youth packets, medications, and monies by completing and distributing OFFENDER TRANSPORT ORDER (Appendix 8).
- c. Apply the facility Operational Procedures for Policy 02-01-101, "Offender Personal Property" for the receipt, care, handling, and storage of individual items and disposition of youth's personal property and monies.
- d. Upon admission to the facility, each youth shall be strip-searched, ectoparasite control procedure will be utilized as required, and the youth will be showered. Facility clothing and personal hygiene items shall be provided as necessary. A bed assignment will be created in the Juvenile Data System (JDS).
- e. Conduct Transfer Health Screen and appropriate mental health screens including the MAYSI-2 assessment. Facilities shall develop operational procedures for the use of the MAYSI-2 and how the results and follow up actions are to be communicated as appropriate.

### **B. FACILITY ORIENTATION:**

1. A facility specific standardized orientation shall be initiated within twenty-four (24) hours of youths arriving at their treatment facilities.
2. Each facility shall develop operational procedures defining how youth will be oriented. These procedures shall include, but not be limited to, information to be covered in facility specific information sheets, information to be covered verbally with youth, staff responsible for orientation procedures, and facility process of documentation of orientation. Facility staff shall ensure that youths who can not read or understand English will have all applicable documents written in the appropriate native language or translator serves will be made available.
3. Each facility shall develop an operational procedure defining the rewards and responsibilities associated with each Growth level.

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4. At a minimum, the following items shall be covered during the facility specific orientation:
  - a. Handbook issued to youth;
  - b. Explanation of Classification, reclassification and appeals process.
  - c. Overview of Re-Entry Accountability Plan, Unit team meetings, RAP reviews.
  - d. Overview of Growth, Re-entry and Aftercare phases
  - e. Daily schedules issued and explained;
  - f. Overview of facility program, including therapeutic services offered, recreation programs offered, educational opportunities and religious programs offered.
  - g. Overview of expectations and privileges
  - h. Visitation policies explained
  - i. Personal property policies explained
  - j. Telephone procedures explained
  - k. Mail procedures explained
  - l. Statement of youth rights and responsibilities issued to youth
  - m. Youth grievance procedures and appeal process explained
  - n. Evacuation plans explained
  - o. Procedure for requesting medical, mental health, dental and optical services explained. (sick call)
  - p. Notification of youth's right to personal and physical safety
  - q. Facility policy on use of profane language explained



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- r. Temporary Leave policies explained
  - s. Parole and Discharge process explained
  - t. Information on how to access and use the Youth Telephone Hotline
  - u. Overview of information related to sexual assault prevention and reporting
  - v. Procedures to follow to contact the State Ombudsman office
  - w. Overview of offender code of conduct procedures
- 5. Documentation shall be filed in the youth's facility packet, Section 6.
  - 6. Each facility shall utilize a YOUTH ORIENTATION CHECKLIST (See Appendix 11) that shall be signed by both the youth and staff to signify that orientation in all areas has been completed. The checklist is to be filed in the youth's packet.
  - 7. The Facility Head/Designee shall review the Orientation Program to ensure that all elements are being met.

### **C. ASSIGNMENT OF COUNSELOR:**

Within twenty-four (24) hours of arriving at treatment facilities, youth shall be assigned to an individual counselor. The individual counselor shall also be responsible for coordinating treatment efforts for their assigned youth, meeting with their assigned youth, responding to the youth's concerns and questions, serving as a liaison between their assigned youth and other staff, and preparing/updating all necessary paperwork for unit team meetings and administrative reviews for their assigned youths. This assignment shall be noted in CCMS and in the institutional record.

### **D. ISSUANCE OF LETTERS:**

Within forty-eight (48) hours of youth arriving at treatment facilities, the STAFFING INVITATION TO FAMILY (Appendix 37) letter shall be

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mailed to the youth's legal guardian. This letter serves as an introduction to families regarding services the youth will receive and expectations of the youth and his/her family during the commitment process. Facilities shall provide an orientation program for families. Facilities shall develop operational procedures to describe the family orientation process and requirements.

### **E. ASSESSMENTS**

Additional assessments shall be conducted during the Orientation Level of the Growth Phase to aid staff in the development of each youth's initial Re-entry Accountability Plan and to provide staff with a baseline measure of youth's attitudes, values, and beliefs. The assessment instruments to be utilized by all facilities shall be determined by a committee appointed by the Director of Juvenile Services. All assessments shall be administered, scored, and interpreted under the supervision of a licensed psychologist and/or psychiatrist.

1. Each youth and their family shall receive a Child and Adolescent Needs and Strengths assessment from a certified staff member. Facility operational procedures shall detail the process of completing this assessment. The CANS shall be completed prior to the youth's initial unit team meeting following any A&O process.
2. Standardized pre-test educational assessments for each subject in which youth are enrolled shall be administered during the Orientation Level prior to youth beginning their educational programming.
3. Additional individual assessments shall be completed when deemed necessary.

### **F. COGNITIVE SKILLS ASSESSMENT**

1. All youths committed to the Department shall be administered a cognitive skills assessment within fourteen (14) days of admission. Other tests may be administered based on the youth's ability. Results of this assessment shall be included in the Intake Assessment Report and be reflected in both the Risk Assessment Instrument and Needs Assessment Instrument. Results shall be filed in the "Confidential Folder," located within each youth's

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institutional packet, prior to the youth's departure from the intake unit.

2. Youths who return to the intake unit within one (1) year for a re-commitment or returning to the intake unit for purposes of reclassification shall not automatically be re-tested. Re-testing can be completed if deemed necessary.

### **G. RESPONSIVITY ASSESSMENT**

1. All youths committed to the Department's Juvenile Services Division, shall complete a responsivity assessment within fourteen (14) days of admission. Results shall be filed in the "Confidential Folder," located within each youth's institutional packet, prior to the youth's departure from the intake unit.
2. Youths returning to the intake unit for purposes of re-classification shall not automatically be re-tested. Re-testing can be completed if deemed necessary.

### **H. PACKET REVIEW:**

The individual counselor assigned to each youth shall conduct a thorough review of both the youth's institutional packet and medical packet. This review shall be conducted during the timeframe of the youth completing their additional assessments. The packet review shall be conducted prior to the youth's interview and initial unit team meeting. The packet review shall be documented in the youth's facility packet and in the charting software. The assigned counselor shall initiate procedures for obtaining duplicate social security card and birth certificate for youth needing these.

The presence of a warrant or detainer does not constitute an automatic barrier to release. The facility shall pursue the basis of the detainer and release the youth to the detainer as appropriate. All noted warrants and detainers shall be noted in the Juvenile Data System (JDS).

### **I. YOUTH PREPARATION FOR INITIAL UNIT TEAM MEETING:**

Each youth shall prepare responses to the GUIDELINES FOR YOUTH'S INITIAL PRESENTATION TO UNIT TEAM (Appendix 38) form. Their assigned counselor, assigned mentor or other staff member, will

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assist youth in this process. Youth shall present their responses to the unit team during their initial unit team meeting.

### **J. YOUTH INTERVIEW:**

Each youth shall be interviewed by his/her assigned counselor during the Orientation Level. This interview shall be conducted in a manner to answer relevant questions regarding treatment planning and to aid in the development of the youth's initial Re-entry Accountability Plan at the initial unit team meeting.

### **K. PARENT ORIENTATION:**

Parent participation in a youth's treatment program is strongly encouraged. Therefore, participation by a parent or caretaker in a Parent Orientation program is required. This orientation program must include parent or caretaker participation in an interview for the Child and Adolescent Needs and Strengths Assessment (CANS) in order to include a parent or caretaker's needs, strengths, and concerns in each youth's treatment program. Operational Procedures shall outline the manner in which a facility will administer the Parent Orientation program. The Facility Head may make an exception to the required attendance to parent orientation. All attempts to contact the family shall be documented in CCMS and in the packet.

### **L. RE-ENTRY ACCOUNTABILITY PLAN:**

The case management process begins immediately upon intake to the Department. The Re-entry Accountability Plan (RAP) is developed at the receiving facility after the offender has been processed through the appropriate intake facility in accordance with the receiving facility's operational procedures. The RAP is a dynamic document that continues during the offender's term of confinement, through their release from incarceration, and continues to their discharge from supervision.

The RAP describes actions that must occur to prepare individual offenders for release from correctional facilities, defines terms and conditions of their release to communities, specifies the supervision and services they will experience in the community, and describes their eventual discharge from aftercare upon successful completion of the period of supervision.

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The RE-ENTRY ACCOUNTABILITY PLAN (Appendix 34) is a standardized document that identifies youth needs, long term goals and short term/level goals to be achieved in treatment and interventions to be utilized to achieve those goals. RE-ENTRY ACCOUNTABILITY PLANS shall be written with clear and measurable goals for each Growth Level. These goals will address youth and caregiver needs to reduce youth's risk for re-offending. The unit team will also ensure that the RAP's goals assist the youth and caregiver in identifying, developing, and supporting strengths to encourage youth to choose positive alternatives for successful re-entry. The Re-entry Accountability Plan for each youth shall be documented appropriately in the CCMS charting software.

A youth's RAP will be based on cumulative information gathered from multiple sources including the Intake Assessment Report, youth interview, historical case records review, parent input, assessment results (CANS, SASSI, and educational placement tests) and other sources.

The RAP is a collaborative product involving facility staff, the offender, the releasing authority, community supervision officers, human services providers (public and/or private), victims (as appropriate), and neighborhood and community organizations.

In the facility, the RAP is administered by a Unit Management Team (UMT), whose members includes facility staff, community supervision staff, and may include community agencies and service providers. Participation by external entities may occur via the telephone or videoconferencing. The composition of the UMT and their respective roles and responsibilities may change over time. The unit team shall utilize the information obtained from the Child and Adolescent Needs and Strengths Assessment, other assessments, packet reviews, family interviews, and clinical interviews to draft an initial RE-ENTRY ACCOUNTABILITY PLAN for the youth's current growth level at the initial unit team meeting.

### **K. UNIT TEAM COMPOSITION/GUIDELINES:**

1. Unit team meetings are a multi-disciplinary approach to identifying problem areas for youths and formalizing plans of action to address these needs. Initial unit team meetings shall be held within twenty-one (21) days of a youth arriving at his/her treatment facility. Thereafter, in accordance with ACA standards, unit team meetings shall be held with each youth at a minimum every thirty (30) days

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(boot camps and training schools). Operational procedures shall specify the timeframe for team reviews.

2. The Unit team members shall be assigned by the Facility Head/Designee. Additional personnel may meet with and advise the team but shall not be members of the team. The team shall consist of the youth's assigned counselor and other staff involved in various program areas that may impact the youth's program. The team may be composed of counseling, education, health care, recreation, food services, and/or custody staff.
3. The Unit team shall function in accordance with the following rules:
  - a. The team shall meet in accordance with a schedule approved by the Facility Head/Designee.
  - b. Team decisions/recommendations shall be determined by a unanimous vote.
  - c. Team will determine and/or evaluate the youth's treatment needs, program assignments, housing assignments, and security needs.
4. The above information applies to all Unit team meetings regardless of the youth's level and/or phase.
5. Team members not able to participate in a youth progress review, shall submit written progress reports/input to the unit team.
6. Each treatment facility shall develop operational procedures describing the site-specific staffing requirements and procedures for unit team meetings. Additionally, each treatment facility shall be responsible for developing operational procedures describing how education plans shall be integrated with the RE-ENTRY ACCOUNTABILITY PLAN.
7. Unit team staff shall be scheduled to ensure their availability to youth including coverage on holidays, weekends, and evenings.

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### **L. PROGRAM ASSIGNMENT:**

Upon completion of the initial unit team meeting, the assigned staff member shall coordinate efforts to enroll youth into appropriate treatment programs. Enrollment will be based upon the youth's criminogenic and other needs, strengths, goals, and objectives identified in accordance with their RE-ENRTY ACCOUNTABILITY PLAN. Each treatment facility shall develop operational procedures describing how each program addresses responsivity issues, such as learning styles, etc. Youth will be matched to the appropriate level of program to suit their responsivity needs and maximize each youth's success in a group setting.

### **M. PROGRAM PRE-TEST:**

Youth shall complete a standardized pre-test for each assigned program. Pre-tests shall be completed after program assignments have been made and shall mark the conclusion of the Orientation Level and beginning of Growth Level I.

## **XIV. GROWTH LEVELS**

### **A. PURPOSE:**

The primary purpose of Growth Level I is to educate youth on the problem areas in their lives. This level shall be utilized to provide an opportunity for youth to acknowledge these problem areas, acknowledge the need to change, and acknowledge their individual strengths. Therefore, programming during Level I shall focus on increasing youth accountability through **acknowledging** their problem areas and related negative behaviors and focus on educating youth on alternative, pro-social behaviors.

The primary purpose of Growth Level II is to promote youth **understanding** of the problem areas in their lives. In Growth Level I, youths are educated regarding the problem areas in their life and provided an opportunity to acknowledge those problem areas and the consequences of their behaviors. Growth Level II builds upon this education and acknowledgement through youths developing an understanding of the reasons for their behavior and the needs they are attempting to meet through negative behavior. Youth will also learn to understand the need for change, how to find pro-social solutions for problems, and how to use alternative, pro-social coping techniques and skills.

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The primary purpose of Growth Level III is to provide youths opportunities to **apply** the knowledge and skills they have developed in Growth Level I and Growth Level II. Growth Level III is marked by youths further developing these skills and beginning to meet their needs through more pro-social means. This application allows youths to practice their newly developed skills in a structured environment with feedback and instruction available.

The primary purpose of Growth Level IV is to provide youths opportunities to **apply** and **demonstrate** their enhanced pro-social skills in environments outside of treatment settings. This affords youths opportunities to be able to generalize their treatment gains to different environments (e.g., classroom, living units, and recreation). Additionally, this begins to prepare youths for adapting these skills to “real life” situations. Growth Level IV shall also be used to begin preparing relapse prevention plans for youths. Relapse prevention plans shall identify those negative behaviors that youths may revert to in new or stressful situations and identify the plans for preventing this from occurring.

### **B. PROGRAMS:**

Programming during all Growth Levels shall be offered through four (4) treatment modalities.

#### **1. Educational Groups**

Educational Groups are groups that focus on educating youths through instruction. These groups focus on a specific subject matter (e.g., decision making, problem-solving, peer selection, substance abuse, thinking errors, risky feelings and behaviors, and attitudes/values). Instruction may be offered through a variety of sources, such as videotapes, lecture, worksheets, and journaling. Educational groups shall be cognitive-behavioral in nature.

#### **2. Process Groups**

Process Groups focus on youths openly discussing their problem areas within a group of their peers. Process groups tend to be smaller than educational groups due to their more intimate nature. Modeling by staff and peers and reinforcement are essential to the success of process groups.



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### **3. Family Involvement**

Family involvement shall focus on educating families to the problem areas of the youth and focus on allowing families to acknowledge those problems. Therefore, family counseling shall include both instructional components and process components. While it is anticipated that not all families will participate in family counseling, assigned counselors shall strongly encourage family involvement. Family sessions are to be available for each youth during all program levels.

### **4. Individual Treatment**

Individual treatment shall be utilized to address those issues requiring more individual attention. Issues that may require individual attention include, but are not limited to, casework issues such as responsivity issues (exceptional learning needs), and treatment needs (psychiatric and medication evaluation).

## **C. PROGRESS NOTES/ CASE MANAGEMENT NOTES**

Case Management notes are defined as any notes made during contact with a youth, family member of a youth, etc.

Progress notes are defined as notes made during contact with a youth relating to treatment issues.

1. Case management notes shall be written after each contact with youth using the CCMS software.
2. Operational Procedures shall be developed by each treatment facility defining which youth contacts are to be documented.

## **D. STAFF UNIT TEAM PREPARATION:**

Unit team preparation for each team meeting is as follows:

During the unit team meeting the unit team shall review and update the youth's RE-ENTRY ACCOUNTABILITY PLAN (Appendix 41). The information utilized to complete this draft should include progress notes from services received by the youth, the YOUTH SELF-ASSESSMENT form completed by the youth, and unit team interview with the youth. This

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form serves as a summary of the youth's progress since the last unit team review. Upon completion of each unit team meeting, the RE-ENTRY ACCOUNTABILITY PLAN shall be finalized and signed by all unit team members present and the youth. Upon completion, the youth shall receive a copy of the RE-ENTRY ACCOUNTABILITY PLAN and a copy shall be filed in the youth's institutional packet, Section III.

Any modifications shall be formalized by signature of unit team members and the youth on the Re-entry Accountability Plan.

### **E. YOUTH UNIT TEAM PREPARATION AND PRESENTATION:**

Youth unit team preparation for each team meeting is as follows:

Prior to the youth meeting the unit team, the youth shall prepare responses to the YOUTH SELF-ASSESSMENT FOR UNIT TEAM PRESENTATION (Appendix 42). Youths shall present their responses to the Youth Self-Assessment at the unit team meeting. Youth's responses to the Youth Self-Assessment shall be consistent with the overall goal of the current Growth Level. For example, during Growth Level I, youths' responses and presentation shall focus on education regarding criminogenic needs and acknowledgement of their criminogenic needs. Youth shall continue to present their progress, in relation to criminogenic needs

### **F. UNIT TEAM MEETING:**

Each unit team meeting is to be conducted as follows:

1. Youth shall be responsible to present their progress and issues to the unit team at each unit team meeting. Additionally, the unit team shall have an opportunity to discuss progress with each youth and allow time for each youth to present questions to the unit team. Youth who are in segregation at the time of their scheduled review shall be seen by the team in a secure location.
2. The unit team members shall present the youth's progress since the last review period through a formal staffing process. This presentation shall include any proposed Re-entry Accountability Plan modifications.

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3. Unit team members shall discuss each youth's progress since the last unit team review with the youth and vote on the review outcome. Votes shall be cast for one of three categories.

- a. Promotion

A promotion vote indicates that a youth has met all goals of his/her Re-entry Accountability Plan and is ready to advance to the next Growth Level.

When promoted, the counselor shall ensure that the youth continues and completes current program assignments and coordinate efforts to enroll youths into the appropriate programs for the next level in accordance with the Re-entry Accountability Plan. Operational Procedures shall be developed describing how this process will occur.

- b. Continuation

A continuation vote indicates that a youth needs to continue his/her work at the current Growth Level. This may indicate that a youth is progressing but simply needs more work at the current level. However, a continuation vote may also indicate that a youth is not progressing as expected. In the latter case, specific action plans and goals shall be discussed with the youth to be accomplished by the next unit team review.

- c. Return

A return vote indicates that a youth is not making progress toward treatment goals. This vote indicates that a youth should return to a lower growth level in order to review and improve skills. A youth may only be returned to one level lower than their current level. A return vote shall not apply during Growth Level I.

4. Upon completion of voting, unit team members shall make recommendations regarding modifications to the Re-entry Accountability Plan.

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5. The revised RE-ENTRY ACCOUNTABILITY PLAN shall be filed in the institutional packet, Section III.
6. Unit team reviews shall continue in this manner throughout each Growth Level until the youth receives a unanimous vote for promotion to the next growth level.
7. If unit teams are unable to cast a unanimous vote, specific goals and interventions shall be developed by the dissenting voter with the youth to be accomplished by the next unit team review.
8. In the event that the Unit team is unable to come to a consensus or Unit Team decision comes into question, the Administrative Review Committee (ARC) may elect to review the decision.
  - a. Any Unit Team member may request an administrative review of a Unit Team decision, in writing, within 24 hours of the team decision.
  - b. When a unanimous decision cannot be reached by the Unit Team, an administrative review may be requested.
  - c. Any time an administrative review is requested, same will be reflected in the Unit Team minutes.

### **G. UNIT TEAM MINUTES:**

At the conclusion of each unit team meeting, UNIT TEAM MINUTES (Appendix 43) shall be documented in the CCMS software.

### **H. FAMILY CONFERENCE:**

Prior to the end of each Growth Level, contact shall be made with the youth's parent/legal guardian. This contact is for the purpose of reviewing the youth's progress to date and to review/update aftercare planning. Results of the family contact shall be documented in the charting software, and discussed at the youth's next scheduled unit team meeting, and shall be reflected in the youth's RE-ENTRY ACCOUNTABILITY PLAN, as applicable.

### **I. PROMOTION TO RE-ENTRY PHASE:**

1. Youths are eligible for recommendation for promotion from

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Growth Level IV to the Re-entry Phase after receiving unanimous promotion votes from the unit team.

2. Upon receiving a promotion vote, the individual counselor for the youth shall have one (1) week to compile the appropriate paperwork to forward to the Administrative Review Committee. This paperwork shall include the RE-ENTRY ACCOUNTABILITY PLAN SUMMARY (Appendix 44), RE-ENTRY PHASE APPROVAL CHECKLIST (Appendix 45), additional paperwork as described in facility operational procedures.

### **J. ADMINISTRATIVE REVIEW COMMITTEE:**

1. Each treatment facility shall develop an Administrative Review Committee comprised of the Facility Head or designee, and three (3) administrative designees (one representing educational services, one (1) representing therapeutic services, and one (1) representing custody) and other members as designated by the Facility Head and specified in facility operational procedures.
2. The Administrative Review Committee shall meet, at a minimum, weekly to review materials and vote.

The Administrative Review Committee shall unanimously cast one (1) of three (3) votes:

#### **a. Approved:**

An approval vote indicates that the Administrative Review Committee agrees that the youth has met all of his/her goals in the RE-ENTRY ACCOUNTABILITY PLAN and is prepared to enter the Re-entry Phase.

#### **b. Denied:**

A denial vote indicates that the Administrative Review Committee does not approve of the youth progressing to the Re-entry Phase. When a denial vote is cast, the Administrative Review Committee shall document reasons for the denial and list specific goals to be accomplished by the youth in order to progress to the Re-entry Phase. This information shall be communicated through the RE-

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ENTRY APPROVAL CHECKLIST and returned to the youth's individual counselor upon completion. The Administrative Review Committee may set another date for the youth to be seen or simply require that the youth be seen at the next available unit team meeting.

c. No Action:

The Administrative Review Committee may declare no action on the referral to allow time for additional information gathering prior to rendering a decision.

3. If the Administrative Review Committee approves a youth for Re-entry Phase, a recommendation that the youth be placed at another treatment facility in order to complete Re-entry Phase may be made at that time. The ARC chairperson would then contact the Program Director of Classification to begin the proper procedure for transferring the youth to another facility (see Section VIII, Regular (Non-Emergency) Transfer).
4. Upon receiving approval from the Administrative Review Committee, the youth shall be promoted to the Re-entry Phase.
5. The Administrative Review Committee will complete page 2 of the RE-ENTRY PHASE APPROVAL CHECKLIST, titled Administrative Review Committee Decision (See Appendix 45).
6. Youth participating in CTP in designated counties may participate in the temporary leave program for family re-unification purposes. Such leaves must be coordinated with the participating county.

### **XV. RE-ENTRY PHASE:**

A. ASSESSMENTS:

1. Within one (1) week of youths promoting to the Re-entry Phase, youths shall complete post-test assessments for all programs they completed during the Growth Phase.
2. Youths shall also complete post-test assessments for each educational subject area (e.g., reading, math, science, and social studies) in which they received instruction.

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3. Facility staff shall re-administer a CANS within one (1) week of youths beginning the Re-entry Phase.

### **B. TEMPORARY LEAVES**

Students are encouraged to participate in temporary leaves. They allow the student to begin transitioning back into the community, re-establish relationships with family members, and finalize his/her Re-entry Accountability Plan.

1. A student may be granted a temporary leave for any of the following reasons:
  - a. To visit immediate family (i.e., parent/guardian, sibling, grandparent or child);
  - b. To attend or make arrangements for attending an academic or vocational training institution or program, including attendance in a public school;
  - c. To make arrangements for obtaining medical, psychiatric or psychological services including treatment for drug addiction or alcoholism excluding Department contractual facilities or Division of Mental Health and Addictions;
  - d. To make arrangements for employment upon release;
  - e. To visit a close relative who is seriously ill or to attend the funeral of a close relative (funeral leave must be supervised by facility staff unless the student is currently in the Transition Phase), which is limited to:
    - (1) Parent - natural, adoptive, foster or step;
    - (2) Sibling - natural, half, foster, or step;
    - (3) Guardian - current or former;
    - (4) Grandparent - natural, adoptive, foster or step;
    - (5) Spouse - current or former; or,
    - (6) Child - natural, adopted, foster, or step;

Note: All funeral/bedside visitation trips for non-transition level youth will be conducted with the youth in full transportation trip gear. The family shall be made aware of

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this requirement when the reason for the trip is being verified by facility staff.

- f. For any other purpose the Department determines to be in the best interest of the student and the public.
2. The granting of temporary leave shall be for a specified time period and shall be limited to the confines of the State of Indiana. All temporary leaves, unless otherwise noted or student is placed in a Community Transition Program, shall be limited to 72 hours or less. Any exceptions are to be approved by the appropriate Regional Director. Facility staff shall conduct an in-person family meeting/session with the sponsors of the temporary leave to ensure all rules, guidelines and goals are clearly communicated. Youth on temporary leave are to be under constant family supervision for the duration of the leave.
3. In order to integrate the temporary leave program into the total treatment effort of each facility, minimum criteria for consideration of a temporary leave are necessary. These minimum criteria include:
  - a. The student must be in Re-entry Phase and within sixty (60) days of their projected release date;
  - b. The treatment staff has deemed he/she is ready for a temporary leave and the Home Evaluation has been approved; and
  - c. All students are eligible for temporary leave with the exception of those students who are charged with offenses that resulted in death, the threat of death, serious bodily injury or determinate sentences. Some examples of these offenses are: murder, arson, and sex offenses. Youth determined by the Facility Head to be an escape risk may be excluded from the temporary leave program

The students who are ineligible for temporary leave but request special consideration for a temporary leave require approval from the appropriate Regional Director.
4. Requests for temporary leave shall adhere to the following application requirements:



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- a. Each student who seeks a temporary leave for any purpose shall:
  - (1) Secure and complete student portion of State Form 7797, APPLICATION FOR TEMPORARY LEAVE FOR A COMMITTED OFFENDER (Appendix 46); and,
  - (2) Submit APPLICATION FOR TEMPORARY LEAVE FOR A COMMITTED OFFENDER to the appropriate staff member.
- b. The staff person that receives the request from a student shall:
  - (1) Review the completed request for completeness of the form and compliance with applicable criteria requirements.
  - (2) Verify the reason for the request; and
  - (3) Submit the request to the Unit Team for a recommendation.
- c. After reviewing the request, the Treatment Team shall make a recommendation to approve or deny the request.
  - (1) If approved, the student is then to complete State Form 8522, TEMPORARY LEAVE AGREEMENT FOR A COMMITTED OFFENDER (Appendix 47). The student's individual counselor shall advise the student of the conditions of the temporary leave. The conditions shall, at a minimum, include:
    - (a) Those conditions itemized on the TEMPORARY LEAVE AGREEMENT FOR A COMMITTED OFFENDER.
    - (b) The impending sanctions available if the conditions of the temporary leave are violated; and,

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- (c) Any special conditions or stipulations.

The student shall then sign TEMPORARY LEAVE AGREEMENT FOR A COMMITTED OFFENDER, if the student consents to abide by the agreement. The staff person shall sign and date the form as witness to the signature of the student.

Both temporary leave forms shall then be forwarded to the Facility Head/designee to sign, indicating final approval of the temporary leave.

((1)) If approved, TEMPORARY LEAVE AGREEMENT FOR A COMMITTED OFFENDER and APPLICATION FOR TEMPORARY LEAVE shall be at the actual release point to allow the student to receive a copy of the agreement prior to departure.

((2)) If denied, both forms will be returned to the Treatment Team Chairperson.

The decision of the Facility Head/designee, to either approve or deny a request for temporary leave is final and shall not be subject to administrative appeal by the student.

5. After approval of the temporary leave, notification shall be provided to the youth's parole agent, the parole district supervisor, and local law enforcement (city police, county sheriff, etc.) Such notification shall be provided no less than 48 hours prior to the scheduled start of the temporary leave.

Law enforcement shall also be provided a profile sheet (attached) that includes the youth's name, identifying information, photo, destination and duration of the temporary leave.

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6. The facility shall make contact with the youth at various times throughout the duration of the leave. These contacts shall include curfew checks throughout the night. Phone contacts with the youth and leave sponsor must be via a land line telephone. The leave sponsor must maintain direct supervision of the youth at all times during the temporary leave.
7. When applicable, notification of the Victim/Witness shall occur in accordance with the administrative procedure for Policy 00-03-201, "Victim/Witness Resource Services."
8. In case of the need for an emergency temporary leave, the student shall initiate the application process in a manner to ensure expeditious review.
9. Each facility shall develop operational procedures that address a mechanism to process the student's re-admission to the facility following a return from a temporary leave and when a student fails to return to the facility by the designated time and date.

### **C. FACE-TO-FACE CONFERENCE:**

Prior to the end of the Re-entry Phase, a face-to-face conference shall be held with facility staff, the youth, and the youth's family. The face-to-face conference is designed to review the youth's progress to date and to formalize aftercare planning. Results of the face-to-face conference shall be documented in the progress notes in the youth's facility packet, discussed at the youth's next scheduled unit team meeting, and shall be reflected in the youth's RE-ENTRY ACCOUNTABILITY PLAN as applicable. If the family is unable to attend, facility staff shall attempt to include the family in the conference via a telephone conference call from the facility.

### **D. COMMUNITY SERVICE PROJECT:**

All youths shall be required to complete a minimum of eight (8) hours of community service prior to the end of the Re-entry Level. This project shall reflect the goals of each youth's RE-ENTRY ACCOUNTABILITY PLAN and provide an opportunity for each youth to practice and demonstrate his/her enhanced pro-social skills in a community or community-like setting. An operational procedure shall be developed at each facility defining how this requirement shall be met. Youth on Re-

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entry Level above may participate in supervised community service programs.

### **E. EDUCATIONAL PORTFOLIO/SCHOOL RE-ENTRY**

The facility education department shall prepare an educational portfolio for all youth leaving a Department facility who will be enrolling in a community school. Education staff shall actively assist youth with the process of school enrollment. This may include assisting parents with enrollment information, providing school districts with documents, and contacting the school on behalf of the youth to facilitate the re-enrollment process.

One of the most significant re-entry issues for juveniles planning on returning to school is making the right connections with school officials at the right time.

To facilitate re-entry to the public school at the start of a school semester, youth may be considered for release under the following conditions:

1. Youth must be on transition level or expected to be on transition level within 30 days.
2. Youth must be planning to attend an education program upon release.
3. Facility staff must assist in coordinating enrollment with the family and the receiving school.
4. All appropriate educational records and other pertinent information must be transmitted to the receiving school.

### **F. CASE MANAGEMENT OF YOUTH WHO TURN 18 YEARS OF AGE:**

As with any release to the community, re-entry services and a safe, prudent placement are required prior to the youth leaving the facility. As the releasing authority, the Administrative Review Committee is to ensure the appropriateness of all releases.

1. Youth who achieve promotion to the re-entry level and are 18 years of age, will be required to successfully complete a temporary leave with their family and then are to be processed for release. If the youth is not otherwise eligible for a temporary leave, the youth must complete one (1) positive review by the treatment team and can then be processed for release.

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2. Exceptions to the above procedures: youth at Camp Summit must complete the entire program, youth assigned to the CLIFF unit must complete the program, and youth assigned to the STEP program must complete the program prior to release consideration.
3. Programming for youth who turn 18 years of age is to be condensed as appropriate to keep them moving through the case management system. Youth with exceptional treatment, security, or placement needs will be reviewed on a case by case basis.
4. Youth who are 18 years of age are to be housed separately from younger youth within the limitations of the facility's physical plant.

### **XVI. RELEASE PLANNING/PLACEMENT**

Planning for an eventual release date begins upon the youth's arrival at the facility. Issues related to family functioning and dynamics are often interwoven with the youth's delinquency issues. Effective post-Department placement planning is vital for the success of the youth and family. The youth's assigned counselor is responsible for ensuring appropriate placement in the community. All youth, except for court-ordered releases, shall have an approved placement in order to be released from the Department. Prior to an out of home placement, every attempt should be made to place the youth with a relative before seeking placement in a group or foster home.

#### **A. RELEASE TO PAROLE SUPERVISION:**

1. Youth released to parole supervision upon the completion of their individual treatment plan must have a placement approved by the Parole Division.
2. At the time of a youth's promotion to Growth Level 3, facility staff shall submit a placement investigation request to the appropriate parole district supervisor. This request shall include the name of the person providing the placement, relationship to the youth, address, and all available contact information. A primary and an alternate placement potential shall be submitted. Parole staff has 35 calendar days to investigate, approve/deny, and return the placement request.

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### **B. FOSTER CARE/GROUP HOME/KINSHIP CARE PLACEMENTS:**

1. Facility treatment staff shall identify the need for alternative placement during the CCMS growth phase and submit the "Group Home/Foster Care Request" form.
2. Facility treatment staff shall initiate the process for Medicaid eligibility and/or Hoosier Healthwise eligibility, and reinstatement of Social Security benefits (if applicable).
3. Facility staff shall communicate with family members and known close family associates in an effort to identify appropriate placement options.
4. A "Kinship Home" is eligible for a \$17.00 per diem reimbursement to assist with the additional expenses of an additional occupant in the home. The juvenile's legal guardian is not eligible for the kinship reimbursement; however, brothers, sisters, aunts, uncles, and grandparents who are willing to care for the juvenile may be eligible. If the individual agreeing to accept the juvenile is eligible, the treatment staff should complete the "Foster Care Placement Agreement" form.
5. Once all potential family members have been explored and found to be unwilling or unsuitable, facility treatment staff shall identify an appropriate placement location, make an initial contact with the location, and initiate the corresponding agreement form. Approval to pursue foster care or group home placement shall be given by the designated parole staff member. Facilities shall be notified of the name and contact information of this designated person.
6. Facility staff shall transport the youth to the approved placement on the date of release.

### **C. OUT OF STATE PAROLE/INTERSTATE COMPACT:**

In cases where a transfer to another state under the Interstate Compact on Juveniles (Appendix 58) is requested, the required information needed for that referral shall be sent to the Deputy Compact Administrator-Juvenile at the end of Growth Phase Level 2. It should be noted that Interstate Compact referrals might take as long as ninety (90) days to complete.

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Release of a youth under the Interstate Compact on Juveniles is granted by the Deputy Compact Administrator.

### **D. YOUTH RELEASED TO PROBATION/COURT SUPERVISION:**

Youth released to county probation/juvenile court supervision by court order shall be released in accordance with the order from the court. No approved placement is needed unless is such is specifically ordered by the court.

### **E. YOUTH ELIGIBLE FOR DISCHARGE**

Certain youth may be considered for a discharge based upon the unit team's recommendation. Generally youth who are 17.6 years of age will receive a discharge from commitment unless there is a need for parole supervision based upon the individual re-entry needs of the youth. Other youth may be considered for discharge after discussion with the Director of Juvenile Services. Youth considered for discharge shall have an approved placement coordinated by the unit team and the placement provider.

## **XVII. RELEASE FROM THE FACILITY**

### **A. RELEASE NOTIFICATION TO THE COURT:**

Facility staff shall complete and mail the NOTIFICATION TO THE COURT (Appendix 54) form within twenty-four (24) hours of the youth being approved for release by the Administrative Review Committee. The Release Notification letter shall be mailed at least fourteen (14) calendar days prior to the release of the youth with a copy to the youth's parole agent as applicable.

Release notification for youth participating in a Community Transition Program (CTP) shall be sent to the court in accordance with the guidelines established for each county program.

### **B. RELEASE NOTIFICATION TO LAW ENFORCEMENT:**

Facility staff shall send notification to the sheriff of the county where the youth will reside upon release. Such notification shall include youth contact information, address, phone number, name of the placement provider, and type of on-going community supervision.

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### **C. YOUTH EXIT QUESTIONNAIRE:**

Prior to the youth's release from the facility, he/she shall complete the YOUTH EXIT QUESTIONNAIRE (Appendix 55). This form shall not be filed as part of the youth's permanent record. Rather, it shall be utilized by facilities for evaluation of services.

### **D. PAROLE RELEASE AGREEMENT:**

The PAROLE RELEASE AGREEMENT and CONDITIONS OF PAROLE (Appendix 56) is a legal document that identifies the youth and lists the terms and special conditions of community supervision. Both staff and youth on each of four copies shall sign the PAROLE RELEASE AGREEMENT. The four copies shall be disseminated to: the youth, Central Office, field staff, facility packet (Section 5).

### **E. RELEASE NOTIFICATION TO FIELD STAFF:**

On the date of the youth's release from the facility, the following paperwork is to be sent (fax, email, or mail) to the designated Field Staff by the Treatment facility:

1. YOUTH RELEASE NOTIFICATION (Appendix 57)
2. PAROLE RELEASE AGREEMENT
3. RE-ENTRY ACCOUNTABILITY PLAN SUMMARY
4. School Transcripts

### **F. YOUTH RELEASE FROM FACILITY:**

Youths committed on indeterminate sentences shall only be released on Mondays (or Tuesday if Monday is a Holiday). Youths committed with determinate sentences or released through a court order shall be released in compliance with ordered timelines.

## **XVIII. PAROLE PHASE:**

### **A. VIOLATION OF PAROLE:**

Should the youth violate the terms of the PAROLE RELEASE AGREEMENT, the supervising field staff shall submit a PAROLE VIOLATION REPORT (Appendix 62) report to the District Supervisor who shall review the PAROLE VIOLATION REPORT and determine



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what action shall be taken. The action taken may be to await court disposition, when cases are pending in court; issue a warrant for the youth's arrest and detention; issue a Letter of Reprimand; or continue the youth under community supervision. The District Supervisor shall notify the supervising field staff regarding what decision has been made. If a warrant is issued, the warrant along with a PRELIMINARY HEARING SCHEDULE (Appendix 63) shall be forwarded to the field staff. If the violation has resulted in a pending case in court, the field staff will be advised to follow the case through court. If a Letter of Reprimand, or continue under regular community supervision is the decision, the field staff shall be issued a memorandum regarding the decision and a Letter of Reprimand issued to the youth.

When a warrant is issued, field staff shall make every effort to serve the warrant to the youth. If the youth is in custody and a warrant is filed against him/her, a preliminary hearing must be held within seventy-two (72) hours, excluding weekends and holidays, of the youth being placed in detention. The youth and the youth's parents shall be given twenty-four (24) hours notice of the preliminary hearing. This notice applies whether the youth is in detention or not. Upon completion of the preliminary hearing, the Hearing Officer shall advise the youth and youth's parents of the decision regarding the finding of probable cause, or not, on each allegation. The Hearing Officer shall advise the youth and youth's parents of the decision to return the youth to a facility or to continue on community supervision. If the youth is in detention, the Hearing Officer shall contact the District Supervisor if the youth is to be continued under regular community supervision and released from custody. The District Supervisor shall approve the release of the youth and continue him/her under community supervision. If the Hearing Officer's decision is to return the youth to a facility, the Hearing Officer must contact the District Supervisor for authorization to return the youth. The District Supervisor shall approve the return and issue a TRANSFER AUTHORITY authorizing that movement. The Hearing Officer or field staff shall be required to update the Juvenile Data System (JDS) regarding the return of the youth to a facility.

Upon completion of the preliminary hearing, the PRELIMINARY HEARING MINUTES (Appendix 65) shall be dictated and typed. The form should then be forwarded to the receiving facility and a copy retained by the field staff. The youth shall be provided a copy of the preliminary hearing results upon request.

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The Parole Violation Committee shall meet at prescribed times at the Logansport Juvenile Correctional Facility for males and the Indianapolis Juvenile Correctional Facility for females. At Parole Revocation Hearings, the youth shall be provided with a State Public Defender if requested. The youth shall have the Revocation Hearing within sixty (60) days of his/her return. The Parole Violation Committee shall be comprised of a designated Parole staff person, as Chairman, and two (2) individuals designated by the Facility Head.

At the Parole Revocation Hearing the youth shall be advised of his/her rights. All parties present shall be identified and the allegations presented. The youth and attorney shall present their arguments to the Committee. Upon the hearing of all testimony, the Committee shall make a decision as to what action will be taken. The Committee may decide to: 1) sustain the youth in a facility; 2) continue on community supervision; 3) discharge the youth; 4) transfer the youth out-of-state under the Interstate Compact on Juveniles; or 5) place the youth in foster or group home care. The hearing shall be recorded and the minutes transcribed. Minutes are to be sent to the State Public Defender, District Supervisor, Parole Services/Central Office and the youth's packet.

1. In cases where the violation is sustained:
  - a. If the Parole Violation Committee sustains the violation during the Parole Revocation Hearing, facility staff at the facility holding the Parole Revocation Hearing shall complete a RISK ASSESSMENT INSTRUMENT and NEEDS ASSESSMENT INSTRUMENT for the youth based upon information provided at the Revocation Hearing.
  - b. Based upon the results of the RISK ASSESSMENT INSTRUMENT, NEEDS ASSESSMENT INSTRUMENT, and the institutional placement decision tree, the youth shall be re-classified to an appropriate treatment facility.
  - c. Upon the youth returning to a treatment facility, the youth shall begin the Orientation Level of the Growth Phase. All requirements of the Case Management System shall remain in effect for the youth, and he/she shall successfully complete the Growth Phase and Re-entry Phase before again, being considered for the Aftercare Phase.

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2. In cases where the youth's parole violation is not sustained:
  - a. If the Parole Violation Committee does not sustain the youth during the Parole Revocation Hearing, the youth shall be returned to his/her community living arrangement.
  - b. Upon completion of the "not sustained" finding, the field staff shall complete the Risk Assessment for Parole Supervision, Needs Assessment instrument, and the Individual Aftercare Plan. The Needs Assessment score shall be increased one level greater than the total score. Based upon the results of these assessments and other relative information, a community supervision level shall be re-established.
  - c. The parole supervision level shall be re-evaluated within thirty (30) days and every ninety (90) days thereafter.

When the youth has not committed any violations of the PAROLE RELEASE AGREEMENT, field staff shall supervise in accordance with the PAROLE LEVEL MATRIX (Appendix 66). The length of supervision shall be up to, but not limited to, one (1) year. Discharge prior to one (1) year may be requested if the youth has made substantial progress toward completion of the Individual Aftercare Plan.

### **B. DISCHARGE:**

When requesting a CERTIFICATE OF DISCHARGE (Appendix 67), field staff shall attach a current RISK ASSESSMENT FOR PAROLE SUPERVISION, NEEDS ASSESSMENT

Upon review by the designated parole services staff, a CERTIFICATE OF DISCHARGE may be issued. A copy of the discharge will be forwarded to the field staff for delivery to the youth, a copy to the facility, a copy to the committing court, and a copy for the Central Office file.

## **XIX. AUDITING PROCESS:**

### **A. REVIEW PROCEDURES:**

1. The Department shall review the classification and comprehensive case management system at each juvenile facility, at least annually.

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The Program Director of Classification shall provide the Facility Head at least thirty (30) days advance written notice indicating the schedule of the pending audit.

2. The audit team shall be composed of a minimum of three (3) staff persons, each of whom has been trained in the juvenile classification process. The Program Director of Classification shall select each audit team and designate the chairperson.
3. Prior to conducting the audit, the audit team shall meet for the purpose of planning and discussing the following points:
  - a. Devise an action plan indicating the manner in which the audit shall be conducted;
  - b. The assignment of each audit team member's duties and areas of responsibility; and,
  - c. The establishment of schedules and timetables for completing each phase of the auditing process.
4. The Facility Head shall make arrangements to have the audit team accompanied by a staff person who is familiar with the classification and comprehensive case management system within the facility. This staff person shall:
  - a. Act as a resource coordinator for the audit team which shall include answering questions and providing additional information or assistance to the team; and,
  - b. Escort the audit team during their audit of the facility.
5. The audit team shall audit the operational classification program and Comprehensive Case Management System at the facility and summarize their findings on JUVENILE CLASSIFICATION AND COMPREHENSIVE CASE MANAGEMENT SYSTEM AUDIT TOOL (See Appendix 69).
6. The audit team shall utilize JUVENILE CLASSIFICATION AND COMPREHENSIVE CASE MANAGEMENT SYSTEM AUDIT (Staff Questionnaire), in order to obtain staff input into the classification audit. (See Appendix 70 for sample form.) This

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questionnaire should be administered to a random sample of facility counselors or staff persons who serve on a unit team/classification committee, either on an individual or group basis. Each audit team shall determine the sample size.

7. The audit team shall utilize JUVENILE CLASSIFICATION AND COMPREHENSIVE CASE MANAGEMENT SYSTEM AUDIT (Youth Questionnaire) in order to obtain youth input into the classification audit. (See Appendix 71 for sample form.) This questionnaire should be administered to a random sample of youths either on an individual or group basis. Each audit team shall determine the sample size.
8. Upon completion of the audit, the audit team shall conduct a debriefing with the Facility Head to provide an overview of the results of the audit.
9. As soon as possible following the completion of the audit, the audit team shall prepare a typewritten summary of the facility classification audit, the facility's compliance with the audit, and submit copies to the following:
  1. Director of Juvenile Services; and,
  2. Facility Head.

**B. DISTRIBUTION AND ACCOUNTING OF THE JUVENILE CLASSIFICATION AND COMPREHENSIVE CASE MANAGEMENT SYSTEM MANUAL:**

1. Each staff person involved in the classification process and comprehensive case management system shall have a copy or ready access to the complete manual. At minimum, the following staff shall be provided a copy of the Juvenile Classification and Comprehensive Case Management System Manual:
  - a. Administrative Staff:
    - (1) Facility Head;
    - (2) Assistant Facility Head;
  - b. Program Director's

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- c. Others as deemed necessary by the Facility Head.
2. The Classification and Comprehensive Case Management System manual distribution system shall include a staff person responsible for the system and an accounting process. This procedure shall include a method for distribution of the classification and comprehensive case management system manual revisions to the appropriate staff persons and the return of the manual when the job responsibilities no longer entitle the staff person to a copy of the of the manual. Staff persons assigned to classification and comprehensive case management system manuals shall sign their names on a receipt indicating that they have received the document and supplements.
3. The classification and comprehensive case management system manual shall be readily available to the youth population, upon their request.
4. Each Facility Head/designee is responsible for an in-house staff training program to ensure continuing understanding and compliance with the local operational procedures for juvenile classification and comprehensive case management system. Operational procedures shall be developed to ensure implementation of this section.

## **XX. TRAINING**

Principles of effective intervention include quality program implementation and delivery. Successful program implementation and delivery is only achieved through effective staff training.

Comprehensive Case Management System Training will be provided to every new employee of a juvenile facility during the New Employee Administrative Orientation or Correctional Training Academy.

Annual Facility In-Service Training will reiterate the Principles of Effective Intervention: Risk Principle, Needs Principle, Responsivity, Effective Treatment Programs, Aftercare, and Program Evaluation. Additional related training shall be provided as determined necessary.

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### **XXI. APPLICABILITY**

These administrative procedures are applicable to all juvenile facilities operated by the Department.

\_\_\_\_\_  
Signature on File  
J. David Donahue  
Commissioner

\_\_\_\_\_  
10/29/07  
Date